

FORM NO. 3. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Columbia
 Township of Caneblow
 or
 Inc. Town of H. Matte
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63293

Registration District No. 800 Registered No. 74
 (For use of Local Registrar)
 (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Courser Edward Gardner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	--	-------------------------------------	---

FATHER.

(8) FULL NAME Puffie Gardner

(9) PRESENT POSTOFFICE OF FATHER H. W. O. Th

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Laborer on Government Boat

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Iell McDuffie

(15) PRESENT POSTOFFICE OF MOTHER Ft Matte

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. Miller
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 14, 1916 (28) A. P. Rable Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
 a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.