FORM NO. 3.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
25630

(1) PLACE OF BIRTH

County of Abbeville

Township of Calhoun Mills
or
Inc. Town of ..... Registration District No. 102 Registered No. 35
or
City of ..... (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St. ..... Ward)

(2) Full Name of Child Sam Yarborough. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH July (Name of Month) 23 (Day) 1905 (Year)

FATHER.

(8) FULL NAME Jule Yarborough

(9) PRESENT POSTOFFICE OF FATHER Willington S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Kittie Plumer

(15) PRESENT POSTOFFICE OF MOTHER Willington S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Cook

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jule Yarborough

(24) State whether Physician or Midwife Father (25) Address of Physician or Midwife Willington S.C.

Given name added from a supplemental report

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Registrar

(26) Witness W. H. Andrews
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 5 1905 (28) W. H. Andrews
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
NOTE—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.
McCaw, of Columbia.