

Form No 1.

## (1) PLACE OF BIRTH

County of Horry  
 Township of Little River

or  
 Inc. Town of ..... Registration District No. 2507 Registered No. 182  
 (For use of Local Registrar)  
 or  
 City of ..... (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 Wm Eric Vereen { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? ..... (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19 1915  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Sam G. Vereen  
 (9) PRESENT POSTOFFICE OF FATHER Little River  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Little River  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Katie Vereen  
 (15) PRESENT POSTOFFICE OF MOTHER Little River  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Little River  
 (19) OCCUPATION Housewife  
 (21) Number of children of the mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born living 7 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James A. Stone  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Little River

Given name added from a supplemental report

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

(27) Filed Dec 24 1915 (28) Ph. Stone 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. N. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 2.