

Form No. 1.

(1) PLACE OF BIRTH

County of Lynch
 Township of Cinshney
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

53987

Registration District No. 4242 Registered No. 11
 (For use of Local Registrar)

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 Dorothy Vanderford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth
 To be answered only in event of Twins or Triplets

(7) DATE OF BIRTH March 12 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Samuel Vanderford
 (9) PRESENT POSTOFFICE OF FATHER Union R.F.D. #5

MOTHER.
 (14) NAME BEFORE MARRIAGE Virginia Palmer

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(15) PRESENT POSTOFFICE OF MOTHER Union R.F.D. #5

(12) BIRTHPLACE Union County Union S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(13) OCCUPATION Farming

(18) BIRTHPLACE Union Co Union S.C.

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

(19) OCCUPATION Farming

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

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) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Hilda Diet (24) Address of Physician or Midwife Union R.F.D. #5

Given name added from a supplemental report

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

(27) Filed Mar 24 1916 (28) D. H. Gallman 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 ENCODING INK.—THIS IS A PERMANENT RECORD. N. E.—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.