

FORM NO. 4
 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, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCraw, of Columbia.
 N. 1
 McCraw,

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Somers
 or
 Inc. Town of Gaffney Registration District No. 10 Registered No. 11
 or
 City of City (No.) St.; 3 Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ethel Stacy } If child is not yet named, make supplemental report as directed

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

File No.—For State Registrar Only
45693

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>single</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 13 1906</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Edward B. Stacy</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Stacy</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Span Fortburg Va</u>	(18) BIRTHPLACE <u>Herrietta N.C.</u>			
(13) OCCUPATION <u>Postal Clerk</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) [Signature]

(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)
[Signature]

(27) Filed 1/15 191..... (28) [Signature] 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.

LOCAL REGISTRAR.
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