

Form No. 1.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Campobello

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**66185**

Inc. Town of ..... Registration District No. 40 Registered No. 1000  
(For use of Local Registrar)  
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 Catherine Elizabeth Shuford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Henry Shuford  
(9) PRESENT POSTOFFICE OF FATHER Junction  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE N.C.  
(13) OCCUPATION Farmer & Carpenter  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Eles Geneva Hamilton  
(15) PRESENT POSTOFFICE OF MOTHER Junction  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE N.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:37 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. Thompson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Junction

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed June 27, 1916 (28) Ed. Capers 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw of Columbia.