

Form No. 1

## (1) PLACE OF BIRTH

County of BarnwellTownship of AlbionInc. Town of FairfaxCity of Fairfax

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88411

Registered No. 161

(For use of Local Registrar)

(2) Full Name of Child Baby

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

|   |                      |                                       |                          |   |
|---|----------------------|---------------------------------------|--------------------------|---|
| (3) BOY OR GIRL <u>Boy</u>                        | (4) Twin or Triplet? | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? | (7) DATE BIRTH <u>Nov 15</u> 191 <u>1</u> |
| To be answered only in event of twins or triplets |                      |                                       |                          | (Name of Month) (Day) (Year)              |

FATHER.

(8) FULL NAME Geo Dupre Landrum

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Fairfax S.C.

(13) OCCUPATION Farm

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Mildred Mearns

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Olney S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Carter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianFairfax S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 2 1911(28) F. H. Boyd(29) Local Registrar(30) 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCANN, of Columbia, FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.