

(1) PLACE OF BIRTH

County of *Florence*

Township of *Immonsville*

or Inc. Town of *Immonsville*

or City of \_\_\_\_\_

(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

85664

Registration District No. *2015* Registered No. *1065107*

(For use of Local Registrar)

(2) Full Name of Child *Marydell Andrew*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth *1*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Nov 17 1916*

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *Robert Crawford Andrew*

(14) NAME BEFORE MARRIAGE *Bertha M Lendon*

(9) PRESENT POSTOFFICE OF FATHER *Immonsville C*

(15) PRESENT POSTOFFICE OF MOTHER *Immonsville C*

(10) (COLOR OR RACE) *white* (11) AGE AT LAST BIRTHDAY *38* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *38* (Years)

(12) BIRTHPLACE *Lie C S C*

(18) BIRTHPLACE *Immonsville C*

(13) OCCUPATION *Cotton Weigher*

(19) OCCUPATION *Domestic*

(21) Number of children born to mother, including present birth *two*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3:50 P* M., on the date above stated. (Born *alive or stillborn*) (Hour *M* or P. M.)

*C. H. Foster M.D.*

(23) (Signature)

(25) Address of Physician or Midwife

(24) State whether Physician or Midwife

*Immonsville C*

Given name added from a supplemental report

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

(27) Filed *12/14* 191...

(28) *W. C. Perkins* 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.

fifth month of pregnancy.

FORM NO. 2  
MAY 1914  
WHEN PLACED 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 3.

McCauley of Columbia