

FORM NO. 1.

(1) PLACE OF BIRTH.

County of *Marion*Township of *Marion*Inc. Town of *Marion*City of *Marion*

(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

49824

Registration District No. *32a*Registered No. *5*

(For use of Local Registrar)

(2) Full Name of Child.

Rachel McMaster Hay

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

To be answered only in case of Twins or Triplets

(6) Age Parents Married? *14*

(7) DATE OF BIRTH

Feb 4 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel McMaster Hay

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Likertville S.C.

(13) OCCUPATION

Presbyterian Minister

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Rachel Buchanan McMaster

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Winnsboro S.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 *9:30* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Marion S.C.**Marion S.C.*

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

Mar 26

(28)

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 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 N. No. 1, THE OTHER, No. 2, etc., in question 5.

McKay, of Columbia