

Form No. 1.

(1) PLACE OF BIRTH

County of Calhoun
Township of Cawcaw
or
Inc. Town of
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

48249

Registration District No. 801 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Michael Rump { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are yes Parents Married? (7) DATE OF BIRTH Feb. 15
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bill Rump
(9) PRESENT POSTOFFICE OF FATHER Orville
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Household
(20) Number of children born to mother, including present birth six

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Rump
(15) PRESENT POSTOFFICE OF MOTHER Orville
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Household
(21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) S. S. S. S. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Orville

Given name added from a supplemental report

(26) Witness J. L. S. S. S.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 21 1916 (28) S. H. S. S. 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, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaW, of Columbia.