

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

42827

County of Richland

Township of Jefferson

or
Inc. Town of Thurman

or
City of Thurman

Registration District No. 2007 Registered No. 107
(For use of Local Registrar)

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

(2) Full Name of Child Lorraine Macke 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 1911
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME L. M. Macke

(14) NAME BEFORE MARRIAGE Lillian Macke

(9) PRESENT POSTOFFICE OF FATHER Thurman, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Thurman, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Thurman, S.C.

(18) BIRTHPLACE Thurman, S.C.

(13) OCCUPATION Child Laborer

(19) OCCUPATION Child Laborer

(20) Number of children born to mother, including present birth 3

(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 Lorraine Macke at Thurman, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. Macke (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Thurman, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 11 1911 (28) Mrs. S. G. G. G. 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.

Deputy

WRITE PLAINLY, WITH UNFAINTING INK—THIS IS A PERMANENT RECORD.
M. 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.
McGraw, of Columbia