

copied

Form No. 1.

(1) PLACE OF BIRTH
 County of *Cherokee*
 Township of *Lanesboro*
 or
 Inc. Town of Registration District No. *1103*
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45720

Registered No. *2*
 (For use of Local Registrar)

(2) Full Name of Child. *Lagan Lattinase* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *1307* (4) Twin or Triplet? *1* (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 15 1916*
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Charles Lattinase*
 (9) PRESENT POSTOFFICE OF FATHER *Gaffney S.C.*
 (10) COLOR OR RACE *Caucasian* (11) AGE AT LAST BIRTHDAY *36* (Years)
 (12) BIRTHPLACE *North Carolina*
 (13) OCCUPATION *Farming*
 (20) Number of children born to mother, including present birth } *6*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Mamie Lagan*
 (15) PRESENT POSTOFFICE OF MOTHER *Gaffney S.C.*
 (16) COLOR OR RACE *Caucasian* (17) AGE AT LAST BIRTHDAY *32* (Years)
 (18) BIRTHPLACE *North Carolina*
 (19) OCCUPATION *On Farm*
 (21) Number of children of this mother now living, including present birth } *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was *Alive*, at *6* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *Adeline Margaret*
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Gaffney S.C.*

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness *Charles Lattinase*
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Jan 21 1916* (28) *H. H. Paulhead*
 Local Registrar

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.
 McCaw, of Columbia.

*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.