

McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. SEPARATE BLANK FOR EACH CHILD, AND MARK THE

(1) PLACE OF BIRTH
 County of Grainville
 Township of Grainville
 or
 Inc. Town of Grainville
 or
 City of Grainville (No. 573 E. North St.; 2 Ward)
 (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
46282

(2) Full Name of Child Lucy Paul Sparkman } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. Buck Sparkman</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Paul</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Grainville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Grainville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>3</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>	
(12) BIRTHPLACE <u>Georgetown Co S.C.</u>		(18) BIRTHPLACE <u>Grainville</u>		
(13) OCCUPATION <u>Physician</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. P. Earle

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Grainville

Given name added from a supplemental report _____, 191____

 Registrar

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

(27) Filed Jan. 21, 1916 (28) _____
 Local Registrar

*When there was no attending physician or midwife, then the father, (householder) etc., must make and 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.

 Local Registrar

 Local Registrar