

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.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Chester* STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of *Prossville* State Board of Health

OR
 Inc. Town of Registration District No. *1109* Registered No. *61*
 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
76289

(2) Full Name of Child *Pansy Lee Orr* { 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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 11, 1916*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Orr*
 (9) PRESENT POSTOFFICE OF FATHER *Great Falls SC*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)
 (12) BIRTHPLACE *Chester Co SC*
 (13) OCCUPATION *Cotton mill work*
 (20) Number of children born to mother, including present birth { *Two* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Carrie McClain*
 (15) PRESENT POSTOFFICE OF MOTHER *Great Falls SC*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)
 (18) BIRTHPLACE *Chesterfield Co SC*
 (19) OCCUPATION *Domestic*
 (21) Number of children of this mother now living, including present birth { *Two* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *4 45* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. S. McQueen*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician, Great Falls SC*

Given name added from a supplemental report
July 24, 1917
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *9/12, 1916* (28) *R. T. Kammann* 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.