

Form No. 1

## (1) PLACE OF BIRTH

County of MarshallTownship of Washington

or

Inc. Town of .....

or

City of .....

(If birth occurs in 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

No. 14.—For State Registrar Only

5420

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Infant named

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>Twin</u>	(5) Number in order of birth <u>2</u>	(6) Are From Mother <u>Yes</u>	(7) DATE OF BIRTH <u>March 15 1909</u>
To be covered only in case of Twin or Triplet				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>W. E. McCants</u>	(14) NAME BEFORE MARRIAGE <u>Ann McCants</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wid S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wid S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION		(19) OCCUPATION	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>none</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Porter(24) State whether Physician or Midwife physician(25) Address of Physician or Midwife Andover S.C.

Given name added from a supplemental report

Gemma FairleyMay 11 1909123

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

(27) Filed 10 (28) J. H. Porter (Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.

USE THIS PLAINLY. WITH UNFAMING INC.—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE IN SOUTHERN CAROLINA, COLUMBIA, S. C.