

(1) PLACE OF BIRTH

County of BarnwellTownship of Barnwellor
Inc. Town ofor
City of

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

Registration District No. 501Registered No. 17

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Cecil Creech

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

(3) BOY OR GIRL? <u>Male</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 8</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>W. Furman Creech</u>			(14) NAME BEFORE MARRIAGE <u>Mary Bell Black</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell S.C. R701</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell S.C. R701</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Barnwell Co.</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Barnwell Co.</u>	
(19) OCCUPATION <u>House Wife</u>			(20) Number of children of this mother now living, including present birth <u>3</u>	
(21) Number of children born to mother, including present birth <u>3</u>			(22) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. C. Kirkland

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

Physician Barnwell S.C.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb. 11 1916 (28) R. C. Kirkland
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.*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.

MAKING SUPPLEMENTAL REPORTS. THIS IS A PERMANENT RECORD. 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 2.

W. McCaw, of Columbia