

Form No. 1.

## (1) PLACE OF BIRTH

County of UnionTownship of Union

OR

Inc. Town of

OR

City of Union

(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

47577

Registration District No. 42-ARegistered No. 2

(For use of Local Registrar)

## (2) Full Name of Child

Claudine Levene Almon

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

(3) ~~MALE~~ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Clara Smith

(9) PRESENT POSTOFFICE OF FATHER

Union

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Union

(13) OCCUPATION

mill operating

(20) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lela Millwood

(15) PRESENT POSTOFFICE OF MOTHER

Union

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

Union

(19) OCCUPATION

mill operating

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at 4 9 P. M., on the date above stated. (Born alive or ~~dead~~) (Hour A. M. or P. M.)(23) (Signature) D. H. Montgomery

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 5 1916

(28)

D. G. Garratt 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.

MARGIN RESERVED FOR BINDING.

WHITE 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