

Form No. 1.

(1) PLACE OF BIRTH
County of Union
Township of Union
OR
Inc. Town of
OR
City of Union (No. St.; 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
47577

Registration District No. 42 A Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Claudius Levene Almon If child is not yet named, make supplemental report as directed

(3) OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? (7) DATE OF BIRTH 4/26/16
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Claud Smith
(9) PRESENT POSTOFFICE OF FATHER Townsville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Townsville
(13) OCCUPATION mill operating
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Lola Millwood
(15) PRESENT POSTOFFICE OF MOTHER Union
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Union Co.
(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. Montgomery
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 5 1916 (28) D. G. Garratt Local Registrar

MARGIN RESERVED FOR BINDING.
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

*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.