

*Copied*

Form No. 1.

(1) PLACE OF BIRTH

County of

*Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

45723

Township of

*Trimble*

Inc. Town of

Registration District No. *1003*

Registered No. *6*

(For use of Local Registrar)

City of

(No. .... St.; .... Ward)

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

(2) Full Name of Child

*Mary Loris Arthur*

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

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

*1*

(5) Number in order of birth

*2*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Jan 12 1906*

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Harold L. Arthur*

(9) PRESENT POSTOFFICE OF FATHER

*Gaffney S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*27*

(12) BIRTHPLACE

*Sparsburg Co. S.C.*

(13) OCCUPATION

*Farming*

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

*Two*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Mellie Sarah Gaffney*

(15) PRESENT POSTOFFICE OF MOTHER

*Gaffney S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*21*

(18) BIRTHPLACE

*Sparsburg Co. S.C.*

(19) OCCUPATION

*House wife*

(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 *10* ..... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mrs. Hattie Gaffney*

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

*Midwife Gaffney S.C.*

Given name added from a supplemental report

191....

Registrar

(26) Witness *H. L. Arthur* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 27 1906* (28) *H. P. Butcher* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.  
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 THE FATHER, THE MOTHER BE-TOED IN A SEPARATE SECTION.