

WHITE PLAINS. 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.
 W. McCraw, of Columbia

(1) PLACE OF BIRTH
 County of Marion
 Township of Fairview
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43001

Registration District No. 2406 Registered No. 100
 (For use of Local Registrar)
 St.; _____ Ward

(2) Full Name of Child Not named
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? BOY GIRL
 (4) Twin or Triplet? To be answered only in case of twins or triplets.
 (5) Number in order of birth /
 (6) Are Parents Married? yes
 (7) DATE OF BIRTH Nov 10 1916
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Charles Newton Blair
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Cora Bell Smith
 (15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 1
 (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 born live at 9 20 a. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) A. B. Stewart
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Fountain Inn S.C.

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 10 1916 (28) T. H. Beckwith
 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.

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K O O D A K