

MARGIN RESERVED FOR BINDING.

WHEN 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.

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Spartanburg*
or
Inc. Town of *Drayton*
or
City of

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

File No.—For State Registrar Only

74810

Amended P-1 AUG 17 1916
Registered No.
(For use of Local Registrar)

Registration District No. *4000*

(2) Full Name of Child

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>aug. 9, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>J. W. Marlowe</i>	(14) NAME BEFORE MARRIAGE <i>Allie Moore</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Drayton S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Drayton S.C.</i>			
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)	
(12) BIRTHPLACE <i>McDowell Co. S.C.</i>	(18) BIRTHPLACE <i>Glendale S.C.</i>			
(13) OCCUPATION <i>millhand</i>	(19) OCCUPATION <i>housewife</i>			
(20) Number of children born to mother, including present birth { <i>1</i>	(21) Number of children of this mother now living, including present birth { <i>1</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *10 a*

(23) (Signature) *W. Schapman*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Whitney 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 *Aug 11 1916* (28) *E. F. Parker*
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.

NO. 5

McCaw, of Columbia.