

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.

(1) PLACE OF BIRTH *Spartanburg*
 County of *Spartanburg*
 Township of *Spartanburg*
 or
 Inc. Town of Registration District No. *7008*
 or
 City of *Cowpens* (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

47468

Registered No. *414*
(For use of Local Registrar)(2) Full Name of Child *Merlin Mae Malley* 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 <i>5</i> <small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? <i>yes</i> | (7) DATE OF BIRTH <i>Feb. 8, 1906</i> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <i>Tom Malley</i> | | | (14) NAME BEFORE MARRIAGE <i>Bertha Lorenza</i> | |
| (9) PRESENT POSTOFFICE OF FATHER <i>Cowpens S.C.</i> | | | (15) PRESENT POSTOFFICE OF MOTHER <i>Cowpens S.C.</i> | |
| (10) COLOR OR RACE <i>white</i> | (11) AGE AT LAST BIRTHDAY <i>30</i> <small>(Years)</small> | (16) COLOR OR RACE <i>white</i> | (17) AGE AT LAST BIRTHDAY <i>2'8</i> <small>(Years)</small> | |
| (12) BIRTHPLACE <i>Anderson Co. S.C.</i> | | | (18) BIRTHPLACE <i>Rutherford Co. N.C.</i> | |
| (13) OCCUPATION <i>Mill hand</i> | | | (19) OCCUPATION <i>house wife</i> | |
| (20) Number of children born to mother, including present birth <i>5</i> | | | (21) Number of children of this mother now living, including present birth <i>4</i> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* *8* *M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Cherline M. M. M.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Cowpens S.C.*

Given name added from a supplemental report

June 29, 1914
W. W. Miller
Sup. State Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by marks)(27) Filed *June 29, 1914* (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.