

FORM NO. 2  
MARGIN RESERVED FOR BINDING  
WRITE IN PENCIL, 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.  
WR  
McCaw, of Columbia, N. C.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of 11  
or  
Inc. Town of Dryden  
or  
City of 1  
(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  
**57686**

Registration District No. 105 Registered No. 475  
(For use of Local Registrar)  
St. 1 Ward 1

(2) Full Name of Child John J. Molpers, Jr.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>38</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>4 20 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>John J. Molpers</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Dryden</u>		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Dublin Co. N.C.</u>		(13) OCCUPATION <u>mill work</u>		
(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>5</u>		(15) NAME BEFORE MARRIAGE <u>Mary Nelson</u>		
(16) PRESENT POSTOFFICE OF MOTHER <u>Dryden S.C.</u>		(17) COLOR OR RACE <u>white</u>		
(18) BIRTHPLACE <u>Dublin Co. N.C.</u>		(19) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>		
(20) OCCUPATION <u>housewife</u>		(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Lancaster M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Spartanburg 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)  
W. B. Lancaster  
(27) Filed 1916 (28) W. B. Lancaster  
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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