

Form No. 1.

(1) PLACE OF BIRTH

County of AbbevilleTownship of WaterburyInc. Town of WaterburyCity of Waterbury

(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

62777

Registered No. 4
(For use of Local Registrar)(2) Full Name of Child. Unnamed infant

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>William Ransom</u>	(14) NAME BEFORE MARRIAGE <u>Wm. Ransom</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Waterbury, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Waterbury, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>Waterbury, S.C.</u>	(16) COLOR OR RACE <u>White</u>
(13) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(20) Number of children born to mother, including present birth <u>5</u>	(18) BIRTHPLACE <u>Waterbury, S.C.</u>
	(19) 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 alive 7:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Hardlaw
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waterbury, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness J. M. Hardlaw
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 30 1916 (28) J. M. Hardlaw 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.

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.