

McCaw, of Columbia, 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 **Lufkin** **CERTIFICATE OF BIRTH**  
 County of **Lufkin** STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of **Full Swamp** State Board of Health  
 or  
 Inc. Town of ..... Registration District No. **3102** Registered No. **1**  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**46828**

(2) Full Name of Child **Odell Truman** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <b>Boy</b>	(4) Twin or Triplet? <b>No</b>	(5) Number in order of birth <b>1</b>	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>Jan. 9, 1916</b> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <b>Odell Truman</b>			(14) NAME BEFORE MARRIAGE <b>Hallie Jones</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>Swansea</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Swansea</b>	
(10) COLOR OR RACE <b>negro</b>	(11) AGE AT LAST BIRTHDAY <b>21</b> (Years)	(16) COLOR OR RACE <b>negro</b>	(17) AGE AT LAST BIRTHDAY <b>23</b> (Years)	
(12) BIRTHPLACE <b>Lufkin</b>			(18) BIRTHPLACE <b>S. C.</b>	
(13) OCCUPATION <b>farmer</b>			(19) OCCUPATION <b>works on farm</b>	
(20) Number of children born to mother, including present birth <b>1</b>			(21) Number of children of this mother now living, including present birth <b>1</b>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (22) I hereby certify that I attended the birth of this child, who was **born** at **8:30 P.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) **Larissa Jones**  
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Swansea**

Given name added from a supplemental report ..... 191.....  
 ..... Registrar  
 (20) Witness (Signature of Witness necessary only when question 23 is signed by mark) **J. H. ...**  
 (27) Filed **Jan 18 1916** (28) **J. H. ...** 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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