

FORM NO. 8

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH 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 Granville
 Township of Granville
 or
 Inc. Town of Granville
 or
 City of Granville (No. 2204)
 (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
18-51

Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child William May Cadd
 If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth -
 (To be answered only in case of twins or triplets)

(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. Cadd
 (9) PRESENT POSTOFFICE OF FATHER Granville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
 (Years)
 (12) BIRTHPLACE Ill.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Smith
 (15) PRESENT POSTOFFICE OF MOTHER Granville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE Ill.
 (19) OCCUPATION Dom. Sc.
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. J. James
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Granville

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by name)
 (27) Filed 3-7 1916 (28) J. J. James
 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.