

MARGIN RESERVED FOR BINDING.  
 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.

Form No. 1.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Greenville  
 (if birth occurs in a ..... 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  
**42924**

Registration District No. 22 A Registered No. 478  
 (For use of Legal Registrar)

(2) Full Name of Child Laura Laura Bambury  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 23, 1916</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>O. O. Hainwright</u>	(14) NAME BEFORE MARRIAGE <u>Daisy Zuman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Greenville S.C.</u>	(18) BIRTHPLACE <u>Columbia S.C.</u>	(13) OCCUPATION <u>Bookkeeper</u>	(19) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of the child who was Born alive on the date above stated. (Hour 1:10 M. or P. M.)

(23) (Signature) Spencer B. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
May 27, 1916  
C. Smith  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
C. Smith  
 Local Registrar

(27) Filed Jan. 4, 1917 (28)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return, if a child breathes even once. If no report is desired of stillbirths before the fifth month of pregnancy.