

Form No. 1

(1) PLACE OF BIRTH

County of *Wayne*Township of *Wayne*Inc. Town of *Wayne*City of *Wayne*

(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
64810Registration District No. *2502*Registered No. *36*
(For use of Local Registrar)

(2) Full Name of Child

Orlin Lee Creel

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

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|--|--|---|--|--|
| (3) BOY OR GIRL? <i>Boy</i> | (4) Twin or Triplet? | (5) Number in order of birth <i>To be numbered only in case of twins or triplets</i> | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>June 20, 1916</i> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <i>Richard Creel</i> | | | (14) NAME BEFORE MARRIAGE <i>Willa Johnson</i> | |
| (9) PRESENT POSTOFFICE OF FATHER <i>Yorkville</i> | | | (15) PRESENT POSTOFFICE OF MOTHER <i>Yorkville</i> | |
| (10) COLOR OR RACE <i>White</i> | (11) AGE AT LAST BIRTHDAY <i>28</i> (Years) | (16) COLOR OR RACE <i>White</i> | (17) AGE AT LAST BIRTHDAY <i>25</i> (Years) | |
| (12) BIRTHPLACE <i>Georgetown Co. S.C.</i> | | | (18) BIRTHPLACE <i>Harry Co. S.C.</i> | |
| (13) OCCUPATION <i>Commission Clerk</i> | | | (19) OCCUPATION <i>Bookkeeper</i> | |
| 20) Number of children born to mother, including present birth <i>Four</i> | | | 21) Number of children of this mother now living, including present birth <i>Three</i> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *A. Creel*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Yorkville*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only if Question 23 is signed by mark)

(27) Filed *1916* (28) *Ed. L. Smith* 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 McCRAW, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.