

Record and
Register

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.

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of
 or
 City of Union (No. 12)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 42-A Registered No. 171
 (For use of Local Registrar)

File No.—For State Registrar Only
87687

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(2) Full Name of Child Dorothy N. Meador } If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>girl</u>	(4) Twin of <u>2</u> <small>(to be answered only in case of twins & triplets)</small>	(5) Number in order of birth <u>4</u>	(6) Are Parent Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER'S FULL NAME <u>LeRoy S. Meador</u>		(14) NAME BEFORE MARRIAGE <u>Elizabeth J. Meador</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>	(16) COLOR OR RACE <u>white</u>
(12) BIRTHPLACE <u>Union S.C.</u>	(13) OCCUPATION <u>mail carrier</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Union S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) on the date above stated. 6:30 a.m. (Hour A.M. or P.M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name and date from a supplemental report
11/11/16 1916
M. B. Proctor, M.D.
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
[Signature]
 (27) Filed Nov. 16 1916 (28) S. S. Sarrott
 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.