

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Surge</u>		STATE OF SOUTH CAROLINA.		87652	
Township of <u>Philoh</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>4-107</u>		Registered No. <u>119</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>William Thomas Poyner</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 21, 1914</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>William Turner Poyner</u>			(14) NAME BEFORE MARRIAGE <u>Freshia Olivia McElwain</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Philoh</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Philoh</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>30</u>			
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>			
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth { <u>5</u>			(21) Number of children of this mother now living, including present birth { <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3</u> <u>A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>T. E. Gamber</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
<u>Physician</u> <u>Turnerville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>12-1</u> 191 <u>4</u> (28) <u>S. B. McElwain</u>		
Registrar			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.