

(1) PLACE OF BIRTH

County of DurhamTownship of Clydeor
Inc. Town ofor
City of

(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 Registration Only

48827

Registration District No. 1215 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1st second only in case of twins or triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 24 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Andrew Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Ganey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>McRae R² St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McRae R² St</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Durham Co</u>		(13) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(20) Number of children born to mother, including present birth <u>3</u>			(18) BIRTHPLACE <u>Charlotte Co</u>	
			(19) OCCUPATION <u>Housewife</u>	
			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 118 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Henry B. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife McRae R² St

Given name added from a supplemental report

..... 131.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 15 1916 (28) W. L. N. Dean 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.

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.