

FORM NO. 1
 MARGIN RESERVED FOR RECORDING
 WHITE PLAIN, WITH-READING LINK—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

County of Union, S.C.

Township of Union, S.C.

or
Inc. Town of Union

or
City of Union

(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

83712

Registration District No. 42-1

Registered No. 157

(For use of Local Registrar)

(2) Full Name of Child Infant Ed. E. Martin Humphries

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>Oct 16, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ed. E. Humphries</u>			(14) NAME BEFORE MARRIAGE <u>Martin Humphries</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>48</u> (Years)	
(12) BIRTHPLACE <u>Darlington</u>			(18) BIRTHPLACE <u>Darlington, S.C.</u>	
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Premature at 2:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. P. Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Union, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20, 1916 (28) D. G. 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.

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