

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

County of

Township of

or

Inc. Town of

or

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 Registrar Only

72962

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) <del>BOY</del> OR GIRL?	(4) <del>Female</del> or Triplet? <i>one</i>	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 13 1916</i> (Name of (Month) (Day) (Year))
FATHER.			MOTHER.	
(8) FULL NAME <i>John Williams Sporn</i>	(14) NAME BEFORE MARRIAGE <i>Minnie Lee Snipe</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Fountain Inn</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Fountain Inn</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>40</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>20</i> (Years)	
(12) BIRTHPLACE <i>Laurens Co. S.C.</i>	(18) BIRTHPLACE <i>Greenville Co. S.C.</i>			
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>House wife</i>			
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:25 A.M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *W. L. Shaw M.D.*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Fountain Inn*

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

*Sept 10 1916*

(28)

*J. B. Buckett*  
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.