

WR N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 N. I McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
 McCaw,

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Spartanburg State Board of Health
 or
 Inc. Town of Registration District No. 2-2 Registered No.
 or
 City of Spartanburg (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
43050

(2) Full Name of Child If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>M.</u>	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <small>to be assigned only in case of twins or triplets</small>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Dec 24 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME	(14) NAME BEFORE MARRIAGE	<u>The Parents</u>		
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER	<u>Spartanburg S.C.</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>	
(12) BIRTHPLACE	(18) BIRTHPLACE	<u>Synchburg Va</u>		
(13) OCCUPATION	(19) OCCUPATION	<u>Carriage Work</u>		
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child born at 2 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. M. Purrite
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg

Given name added from a supplemental report	(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>
..... 191..... Registrar	(27) Filed 191..... (28) <u>A. J. ...</u> 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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