

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.
 W. H. McCaw, of Columbia

(1) PLACE OF BIRTH

County of Larson
 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
46749

Registration District No. 2904 Registered No. _____
 (For use of Local Registrar)
 St.; _____ Ward _____

(2) Full Name of Child Isidore Armstrong If child is not yet named, make supplemental report as directed
 (3) ~~BOY OR~~ GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 3 1914
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Robert Armstrong
 (9) PRESENT POSTOFFICE OF FATHER Laurens Dist 5
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Laurens Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lou Phillips
 (15) PRESENT POSTOFFICE OF MOTHER Laurens Dist 5
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Laurens Co
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) A. J. Christopher M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filled _____ 191____ (28) _____ 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.
 _____ Registrar
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 _____ Registrar