

Form No. 10. 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 Spartanburg  
 Township of Spartanburg  
 or  
 Inc. Town of ..... Registration District No. 40-a  
 or  
 City of Spartanburg (No. 115 Wolf St. St. 5 Ward 5)  
 (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  
70300

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH June 14 1916  
To be answered only in event of Twins or Triplets  
(Name of Month), (Day), (Year)

**FATHER.**  
 (8) FULL NAME Iceland Edgar McDowell  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Spartanburg Co. S.C.  
 (13) OCCUPATION merchant  
 (20) Number of children born to mother, including present birth one

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lora Mullins  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Spartanburg Co. S.C.  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive at ..... M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) H.C. McDowell M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

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 Aug. 1, 1916 (28) Gas Copes 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.