

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.

McCauley, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		70300	
Township of <u>Spartanburg</u>		Bureau of Vital Statistics			
Inc. Town of <u>Spartanburg</u>		Registration District No. <u>40-A</u>		Registered No. <u>267</u>	
City of <u>Spartanburg</u>		(No. <u>115</u> <u>Wolf St.</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		St. <u>5</u> Ward			
(2) Full Name of Child <u>Island Susan McDowell</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 14 1916</u>	
FATHER.				MOTHER.	
(8) FULL NAME <u>Island Edgar McDowell</u>		(14) NAME BEFORE MARRIAGE <u>Lora Mullins</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Spartanburg Co. S.C.</u>		(18) BIRTHPLACE <u>Spartanburg Co. S.C.</u>			
(13) OCCUPATION <u>merchant</u>		(19) OCCUPATION <u>housewife</u>			
(20) Number of children born to mother, including present birth <u>one</u>		(21) Number of children of this mother now living, including present birth <u>one</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:10</u> M. on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>H.E. McDowell M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Spartanburg S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
....., 191....		(27) Filed <u>Aug. 1 1916</u> (28) <u>Jas. Copes</u> Local Registrar			
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.