

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 6.

N. B.—McGaw, of Columbia.

McGaw

(1) PLACE OF BIRTH
 County of Gaffney STATE OF SOUTH CAROLINA.
 Township of Phoebe Bureau of Vital Statistics
 Inc. Town of _____ Registration District No. 2311 State Board of Health
 City of _____ Registered No. 61
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 23-5</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Lindsey Wise</u>			(14) NAME BEFORE MARRIAGE <u>Hassie Morgan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaines S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaines S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Phoebe S.C.</u>			(18) BIRTHPLACE <u>Phoebe S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>One (1)</u>			(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, who was Born alive at _____ Hour A. M. or P. M. on the date above stated.

(23) (Signature) J. L. Ward M.D.

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Physician Brezewood S.C.

Given name added from a supplemental report _____ 1915 _____

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

(27) Filed Dec 7 1915 (28) Joseph Lake 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 _____ Local Registrar _____

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