

RECORDING WITH PRECEDING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use 2 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 <u>S. Justus</u> Township of <u>Cherokee</u> 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.)		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>50477</b>	
(2) Full Name of Child <u>Evelyn M. Kinney</u>		Registration District No. <u>4002B</u>		Registered No. <u>137</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 18</u> 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Stanbarns M. Kinney</u>			(14) NAME BEFORE MARRIAGE <u>Ila Horton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee #1</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Spry Co</u>			(18) BIRTHPLACE <u>Spry</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</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>3 A</u> M., on the date above stated.					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Spry #2</u>					
Given name added from a supplemental report ..... 191.... ..... Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u>		
			(27) Filed <u>Mar 1</u> 191 <u>6</u> (28) <u>W. W. Painter</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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