

## (1) PLACE OF BIRTH

County of CherokeeTownship of Mayfield

or

Inc. Town of Cashman Falls

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

71045

Registration District No. 109 Registered No. 88  
(For use of Local Registrar)City of ... St. ... Ward ...  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child J. I. Lavern Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug, 9, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. I. Lavern(9) PRESENT POSTOFFICE OF FATHER Cashman Falls S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Clerk, Store(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Lissy May Ellison(15) PRESENT POSTOFFICE OF MOTHER Cashman Falls S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Cashman Co S.C.(19) OCCUPATION House wife(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 10 30 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. I. Lavern(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cashman Falls 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 9 1916 (28) J. C. Vance Local RegistrarWhen 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.  
fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.