FORM NO. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 19049 — For State Registrar Only

(1) PLACE OF BIRTH
County of Florence
Township of Pamplico S.D.
or
Inc. Town of ..... Registration District No. 7005 Registered No. 115
(For use of Local Registrar)
or
City of ..... (No. ..... 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. Heatress McIver

If child is not yet named, make supplemental report as directed

(3) BOY or GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Jan 24 1916

FATHER.

(8) FULL NAME: Edward McIver
(9) PRESENT POSTOFFICE OF FATHER: Florence R 2
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Florence Co
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Bulah Thames
(15) PRESENT POSTOFFICE OF MOTHER: Florence R 2
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 20 (Years)
(18) BIRTHPLACE: Florence County
(19) OCCUPATION: Farming
(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 A.M. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Ellerbee
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Florence R F D 2

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 Feb 10 1916 (28) .....
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.

MARRIAGE RECORDS WERE TRANSCRIBED BY THE FLORENCE COUNTY GENEALOGICAL SOCIETY, WITH THE HELP OF MANY VOLUNTEERS. MARRIAGE RECORDS FROM 1911 TO 1950 ARE AVAILABLE FROM THE SOCIETY. THIS IS A CONDENSATION OF THE ORIGINAL RECORDS. NOTE—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.