

Form No. 1

(1) PLACE OF BIRTH  
County of Missouri  
Township of .....  
or  
Inc. Town of .....  
or  
City of Rhems & C (No. .... St.; .... Ward)  
(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  
87811

Registration District No. 4307 Registered No. 29  
(For use of Local Registrar)  
(2) Full Name of Child Henry Arthur Varcoe If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Bo. (4) Twin or Triplet? No. (5) Number in order of birth 1st (6) Are Parents Married? yo (7) DATE OF BIRTH Nov. 17<sup>th</sup> 1916  
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Richard Varcoe  
(9) PRESENT POSTOFFICE OF FATHER Rhems & C  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Clematonsville SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1 one

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Francis Alston  
(15) PRESENT POSTOFFICE OF MOTHER Rhems & C  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Clematonsville SC  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 1 one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) L. B. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rhems & 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 11/18 1916 (28) G. E. Green Local Registrar

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.  
McCaw, of Columbia.

\*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.