

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.

(1) **PLACE BIRTH**  
 County of Spartanburg  
 Township of Woodruff #2  
 or  
 Inc. Town of Irmo S.C. Registration District No. H-009 Registered No. 95  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**74821**

(2) **Full Name of Child** Lula Virginia Worthey If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL?** Girl  
 (4) **Twin or Triplet?** \_\_\_\_\_  
 (5) **Number in order of birth** \_\_\_\_\_  
 (6) **Are Parents Married?** yes  
 (7) **DATE OF BIRTH** Aug 19 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) **FULL NAME** Jack Worthey  
 (9) **PRESENT POSTOFFICE OF FATHER** Irmo S.C. R3A #2  
 (10) **COLOR OR RACE** white  
 (11) **AGE AT LAST BIRTHDAY** 44 (Years)  
 (12) **BIRTHPLACE** Spartanburg Co  
 (13) **OCCUPATION** Farmer  
 (20) **Number of children born to mother, including present birth** eleven

**MOTHER.**  
 (14) **NAME BEFORE MARRIAGE** Lela Shiefelde  
 (15) **PRESENT POSTOFFICE OF MOTHER** Irmo S.C. R3A #2  
 (16) **COLOR OR RACE** white  
 (17) **AGE AT LAST BIRTHDAY** 43 (Years)  
 (18) **BIRTHPLACE** Greenville County  
 (19) **OCCUPATION** House Keeper  
 (21) **Number of children of this mother now living, including present birth** 10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Workman  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_\_  
 \_\_\_\_\_, 191\_\_\_\_\_  
 \_\_\_\_\_, 191\_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 11 1916 (28) Char L Boyter 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.