

(1) PLACE OF BIRTH

County of *Henry*Township of *Conway*or
Inc. Town ofor
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

49477

Registration District No. *2 S.D. 1* Registered No. *14*
(For use of Local Registrar)(2) Full Name of Child *Maleson Sam Squire* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth *1*(6) Are Parents Married? *ye*(7) DATE OF BIRTH *Feb. 26* 19*14*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Squire*(9) PRESENT POSTOFFICE OF FATHER *Conway SC*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *47* (Years)(12) BIRTHPLACE *Conway Township*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *15*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ella Cooper*(15) PRESENT POSTOFFICE OF MOTHER *Conway SC*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *44* (Years)(18) BIRTHPLACE *Cool Spring S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive at* *5:25 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ella Seath*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Conway S.C.*

Given name added from a supplemental report

(26) Witness *W. H. Scarborough*

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Mar. 1 1914*(28) *S. J. Bourne* 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.

Registrar

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LOCAL REGISTRAR

McCaw