

## (1) PLACE OF BIRTH

County of SpartanburgTownship of BeuchampInc. Town of ArlingtonCity of Arlington

(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

50438

Registration District No. 4000 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Rea Marrow If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 8 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME David Marrow(9) PRESENT POSTOFFICE OF FATHER Arlington(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Haywood Co., N.C.(13) OCCUPATION Weaver in Cotton mill(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Effie Bennett(15) PRESENT POSTOFFICE OF MOTHER Arlington(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Atlanta Ga(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. C. Moore(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer N.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 4 1916. (28) J. C. Moore 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

Local Registrar.

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THIS CERTIFICATE WHEN COMPLETED BY A PHYSICIAN OR MIDWIFE, OR BY A FATHER, HOUSEHOLDER, ETC., SHOULD BE FILED IN THE OFFICE OF THE STATE REGISTRAR, NO. 1, THE OTHER, N.C., ETC., IN QUESTION 2.

McCaw, of Columbia.

McCaw.