

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Beach Bluffs  
or  
Inc. Town of Arlington  
or  
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  
**50438**

Registration District No. 4000 Registered No. 26  
(For use of Local Registrar)  
St.; \_\_\_\_\_ Ward

(2) Full Name of Child U.A. Marrow } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 8  
To be answered only in event of Twins or Triplets (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 living at \_\_\_\_\_ M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or midwife \_\_\_\_\_ (25) Address of Physician or Midwife Greer St.

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 4 1916. (28) J. E. 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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McCaw, of Columbia. STATE BOARD, NO. 1, THIS OFFICE, N.C. ST. etc. in question 2.