

FORM NO. 1 MAJOR RESERVE FOR RECORDS

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 2.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of
 or
 Inc. Town of Registration District No. 40-a
 or
 City of Spartanburg (No. 666 St. 2nd 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
66132

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

(3) BOY OR GIRL <u> 7 </u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u> 1 </u>	(6) Are Parents Married? <u> 40 </u>	(7) DATE OF BIRTH <u> June 11 1906 </u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u> Chas. Miller </u>		(14) NAME BEFORE MARRIAGE <u> Mary Montgomery </u>		
(9) PRESENT POSTOFFICE OF FATHER <u> Spartanburg S.C. </u>		(15) PRESENT POSTOFFICE OF MOTHER <u> Spartanburg S.C. </u>		
(10) COLOR OR RACE <u> W </u>	(11) AGE AT LAST BIRTHDAY <u> 27 </u> <small>(Years)</small>	(16) COLOR OR RACE <u> W </u>	(17) AGE AT LAST BIRTHDAY <u> 31 </u> <small>(Years)</small>	
(12) BIRTHPLACE <u> S.C. </u>		(18) BIRTHPLACE <u> S.C. </u>		
(13) OCCUPATION <u> Merchant </u>		(19) OCCUPATION <u> Domestic </u>		
(20) Number of children born to mother, including present birth <u> 1 </u>		(21) Number of children of this mother now living, including present birth <u> 1 </u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was living at 9:00 W., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Walker
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
 Spartanburg S.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 July 1 1916 (28) J. A. Copes
 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.