

FORM NO. 1
MARGIN RESERVED FOR INDEXING
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 8.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of

City of Spartanburg

(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

Registration District No. 40-a Registered No. 212

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL 7

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? 40

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Chas. Miller

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

27 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Merchant

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Cunningham

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. C. Walker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

144-1000-14

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. C. 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.

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