

FORM NO. 1 MARGIN RESERVED FOR BINDING

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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Paris Mt. State Board of Health

File No.—For State Registrar Only
77347

Inc. Town of or Registration District No. 2214 Registered No. 32
 (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas Dalton McWhite 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 Aug. 5, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Enllan Denton McWhite
 (9) PRESENT POSTOFFICE OF FATHER Greenville, R. F. D.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Greenville
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { One

MOTHER.
 (14) NAME BEFORE MARRIAGE Samely M. W. Ward
 (15) PRESENT POSTOFFICE OF MOTHER Greenville R. F. D.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Greenville
 (19) OCCUPATION Housekeeper
 (21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:15 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. D. Goodlett M. D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, 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 O.P. 4-1916 (28) John B. Nestor 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.