

Form No. 1

(1) PLACE OF BIRTH  
County of Muskeget  
Township of Muskeget #9  
or  
Inc. Town of .....  
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  
**87813**

Registration District No. 3407 Registered No. 32  
(For use of Local Registrar)

(2) Full Name of Child Tracy Emmerson Sports 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 3 (6) Are Parents Married? No (7) DATE OF BIRTH Nov. 3, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME E. L. Sports  
(9) PRESENT POSTOFFICE OF FATHER Harlem, N.Y.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Marlboro A.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Julia M. Nesmith  
(15) PRESENT POSTOFFICE OF MOTHER Nesmith  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Marlboro A.C.  
(19) OCCUPATION Domestic  
(20) 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 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Mrs. M. J. Edwards  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife

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 11/3 1916 (28) H. E. Grier 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.