

Form No. 1.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Bonhamor
Inc. Town ofor
City of near McCormick

(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

62766

Registration District No. 101 Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child Joseph Robert Arual } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>MALE</u>	(4) Twin or Triplet? <u>No</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>yes</u>	(7) DATE OF BIRTH <u>June 13, 1916</u> <small>(Name of Month) (Day) (Year)</small>
--------------------------------	--	--	--	--

FATHER.

(8) FULL NAME W. C. Arual(9) PRESENT POSTOFFICE OF FATHER McCormick S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 57
(Years)(12) BIRTHPLACE McCormick S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth } 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Lizzie Willis(15) PRESENT POSTOFFICE OF MOTHER McCormick S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE McCormick S.C.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth } 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. A. Matthews, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
McCormick S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 10, 1916 (28) J. B. Dawson
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.

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.