

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 McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Abbeville
Township of Donalds
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
45124

Registration District No. 105 Registered No. 92
(For use of Local Registrar)

St. Ward

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

(3) BOY GIRL?	(4) Twin or Triplet? <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 31 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Guy A Poore</u>			(14) NAME BEFORE MARRIAGE <u>Marion Sharp</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pine Heart NC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Donalds</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Anderson CO</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(13) OCCUPATION <u>R.R. Agent</u>			(18) BIRTHPLACE <u>Abbeville CO</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 a.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Coston

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Donalds

Given name added from a supplemental report
Wich 22 1916
Cromley
Regist Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 6 1916 (28) Duffin 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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