(1) PLACE OF BIRTH

County of Spartanburg

Township of Cherokee

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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: 91829

Registration District No. 40070 Registered No. 258
(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? Boy

(4) Twin or Triplet? —

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 1 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Lavery

(9) PRESENT POSTOFFICE OF FATHER Mayo S C

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Rutherford Co N C

(13) OCCUPATION Cotton Mill Hand

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Hunter

(15) PRESENT POSTOFFICE OF MOTHER Mayo S C

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Rutherford Co N C

(19) OCCUPATION House wife

(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 Born alive at . . . a.m., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. McFarland

(24) State Whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Cherokee S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 5 1916 (28) J. B. Clark
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.

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

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, COLUMBIA, S. C.