

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

County of CherokeeTownship of Synestonor Inc. Town of Boffneyor City of Boffney

(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

76165

Registration District No. 10a Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child John Flay D. Bright { If child is not yet named, make supplemental report as directed

(3) BOY OR

Girl

(4) Twin

or Triplet?

To be answered only in case of twins or triplets

(5) Number in

order of birth

4

(6) Are

Parents

Married?

yes

(7) DATE OF

BIRTH

Spt. 15

(Name of Month) (Day)

1916

(Year)

FATHER.

(8) FULL NAME

Iate Bright

(9) PRESENT POSTOFFICE OF FATHER

Boffney, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Spartanburg, S.C.

(13) OCCUPATION

mill work

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

{ 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Harris

(15) PRESENT POSTOFFICE OF MOTHER

Boffney, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Massillon, O.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

{ 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Smith

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

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed 9/16 1916 (28) W. F. Smith 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.