

(1) PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Campobello State Board of Health
 or
 Inc. Town of Registration District No. 4001-a Registered No. 17
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
50452

(2) Full Name of Child Ralph Mc Dade { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>/</u>	(5) Number in order of birth <u>/</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 15-16</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joe L. Mc Dade</u>			(14) NAME BEFORE MARRIAGE <u>Marie High</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rutherford Mc Dade</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Campobello S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) T. E. Murrain
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phys. Campobello

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 Mar. 10. 1916 (28) A. L. Nash Legal 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.

THIS FORM IS PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C.
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