

Form No. 1.

(1) PLACE OF BIRTH

County of York  
Township of Hunt  
or  
Inc. Town of Calaver  
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

75280

Registration District 4407 Registered 109  
(For use of Registrar)

(2) Full Name of Child James Isaac Compton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 0 (5) Number in order of birth 0 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug, 2, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sylvanus Compton  
(9) PRESENT POSTOFFICE OF FATHER Calaver S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Gaston Co. N.C.  
(13) OCCUPATION mill work  
(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leathia C. Mason  
(15) PRESENT POSTOFFICE OF MOTHER Calaver S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE York Co.  
(19) OCCUPATION house wife  
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Campbell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Calaver S.C.

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) J. Brewer  
(27) File Aug 3 1916 (28) J. Brewer 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.