

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.

McGaw, of Columbia.

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

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

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

(8) FULL NAME Sylvanus Compton
(9) PRESENT POSTOFFICE OF FATHER Calaver St.
(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 St.
(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. Compton

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

Physician Calaver St.

Given name added from a supplemental report

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Registrar

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

(27) File 3 1916 (28) J. E. Brainer 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.