

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of *York*

Bureau of Vital Statistics

Township of *York*

State Board of Health

File No. — For State Registrar Only

75274

or
Inc. Town of

Registration District No. *407*

Registered No. *99*

(For use of Local Registrar)

City of

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 14, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME <i>William Stewart</i>	(14) NAME BEFORE MARRIAGE <i>Mary Corwell</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Claver SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Filbert SC</i>
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>41</i> <small>(Years)</small>
(12) BIRTHPLACE <i>York Co</i>	(16) COLOR OR RACE <i>White</i>
(13) OCCUPATION <i>Farmer</i>	(17) AGE AT LAST BIRTHDAY <i>37</i> <small>(Years)</small>
(20) Number of children born to mother, including present birth <i>8</i>	(18) BIRTHPLACE <i>York Co</i>
	(19) OCCUPATION <i>Housewife</i>
	(21) Number of children of this mother now living, including present birth <i>3</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *1* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. H. Hill*
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Physician | *Claver SC*

Given name added from a supplemental report

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

(27) *Aug 15 1916* (28) *J. E. Wilson* 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.

M. 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.