

FORM NO. 1  
MAY 1917  
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 3.  
M. Caw, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg

Township of "

or  
Inc. Town of "

or  
City of "

(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

91748

Registration District No. 40-a

Registered No. 503

(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child. ....

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

Is he answered only in case of twins or triplets

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 14, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Lohy

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, A. C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE Euclid, A. C.

(13) OCCUPATION Wagoner

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Fann

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, A. C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Indian, A. C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. T. Caw, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spartanburg, A. C.

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 Jan. 1, 1917

(28) Jas. C. Jones 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.

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