Form No. 1

Copied

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71914

(1) PLACE OF BIRTH

County of Cherokee

Township of Limestone

or
Inc. Town of ..... Registration District No. 1003 Registered No. 107 (For use of Local Reistrar)

or
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** Katie McCraw — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Fire

(4) Twin or Triplet? 1

(5) Number in order of birth 11

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 7, 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Shealie McCraw	(14) NAME BEFORE MARRIAGE	Dellen Green
(9) PRESENT POSTOFFICE OF FATHER	Gaffney SC R2	(15) PRESENT POSTOFFICE OF MOTHER	Gaffney SC R2
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	42	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	Cleveland Co NC
(13) OCCUPATION	Farmer	(19) OCCUPATION	House work
(20) Number of children born to mother, including present birth	11	(21) Number of children of this mother now living, including present birth	11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 9 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. R. Brown, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney SC

Given name added from a supplemental report
July 23, 1917
[illegible]
Deputy Registrar

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

(27) Filed Aug 11 1916. (28) H. F. Pritchard 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.