

FORM NO. 4

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

McCaw, of Columbia.

FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Sanford Co  
 Township of #  
 or  
 Inc. Town of #  
 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  
**72610**

(2) Full Name of Child Joe Lewis Banks { If child is not yet named, make supplemental report as directed

(3) BOY (OR) GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June, 15, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Tom Banks

MOTHER.  
 (14) NAME BEFORE MARRIAGE Maggie Ashford

(9) PRESENT POSTOFFICE OF FATHER W. number St.

(15) PRESENT POSTOFFICE OF MOTHER W. number St.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTH PLACE Sanford Co

(18) BIRTH PLACE Sanford Co

(13) OCCUPATION Janitor

(19) OCCUPATION Janitor

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Minnie Bell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report  
 ..... 191.....  
F. A. Neil  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed ..... 191..... (28) F. A. Neil 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.