

(1) PLACE OF BIRTH
 County of Florence **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Carthersville State Board of Health

File No.—For State Registrar Only
46189

or
 Inc. Town of Registration District No. 2002 Registered No. 1
 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 George E. Quinn { If child is not yet named, make supplemental report as directed

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

FATHER.
 (8) FULL NAME William R. Quinn
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Darlington Co
 (13) OCCUPATION mechanic
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Daisy Milton
 (15) PRESENT POSTOFFICE OF MOTHER Timmonsville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Darlington
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. A. ...
 (24) State whether Physician or Midwife Physician

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness Daisy ...
 Signature of Witness necessary only when question 23 is signed by mother
 (27) Filed Jan 16 1916 (28) W. A. ... 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