

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.  
M. C. W. of Columbia

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Cross Anchor

or  
Inc. Town of

or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

44642

Registration District No. 4013

Registered No. 93  
(For use of Local Registrar)

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

(2) Full Name of Child Unnamed

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

(3) BOY OR  
GIRL?

(4) Twin  
or Triplet? X

(5) Number in  
order of birth X

(6) Are  
Parents  
Married? Y

(7) DATE OF BIRTH Dec 25  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME

John Farrow

(9) PRESENT  
POSTOFFICE  
OF FATHER

Euclid, R. F. D.

(10) COLOR  
OR  
RACE

Negro

(11) AGE AT LAST  
BIRTHDAY

32  
(Years)

(12) BIRTHPLACE

Cross Anchor, S. C.

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE  
MARRIAGE

Sannie Jones

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Euclid R. F. D.

(16) COLOR  
OR  
RACE

Negro

(17) AGE AT LAST  
BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

Lansburg, S. C.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. C. Patton

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Cross Anchor S. C.

Given name added from a supplement-  
tal report

191

Registrar

(26) Witness

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

(27) Filed Jan 5 1916

(28)

J. H. Hammon  
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.