

Form No 1.

## (1) PLACE OF BIRTH

County of FlorenceTownship of Lynchor  
Inc. Town ofor  
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

46226

Registration District No. 2010 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Luther Caraway { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 4 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. Newton Caraway(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Cowards, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Kenneth Evans(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Cowards, S.C.(19) OCCUPATION Housewife(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 alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. J. McCreary

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cowards, S.C.

Given name added from a supplemental report

(26) Witness J. M. Caraway (Signature of Witness necessary only when question 22 is signed by mother)(27) Filed Jan 4 1916 (28) E. L. Montgomery Local Registrar

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 ENDING WHITE 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.

Caw. of Columbia