

Form No 1.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of FountainInc. Town of FountainCity of Fountain

(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

46345

Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child William Hemon Fair { 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? yes(7) DATE OF BIRTH Jan., 6  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Irvin J. Fair

(9) PRESENT POSTOFFICE OF FATHER

Fountain S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Madison Co., S.C.

(13) OCCUPATION

Mill operator, S.C.

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

{ one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hannie Stand

(15) PRESENT POSTOFFICE OF MOTHER

Fountain S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22  
(Years)

(18) BIRTHPLACE

Laurens Co., S.C.

(19) OCCUPATION

Housewife

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

{ one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:45 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John P. Duane M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Fountain S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 10 1916(28) W. Duckett

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.