

Form No 1.

## (1) PLACE OF BIRTH

County of Dillon CoTownship of Greenboroor  
Inc. Town of LaurensCity of Laurens

(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

64065

Registration District No. 1603 Registered No. 75  
(For use of Local Registrar)

## (2) Full Name of Child

Charlie Monroe Church

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

(3) SEX OR Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) AGE 5:0 (7) DATE OF BIRTH June 29  
Is he named only in case of twins or triplets? (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Monroe Church(9) PRESENT POSTOFFICE OF FATHER Laurens S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE Dillon County(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Georgie Hayes(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE Dillon County(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 8:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. H. Bailey(24) State whether Physician or Midwife (Signature of Physician or Midwife) Laurens S.C.

Given name added from a supplemental report

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Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by father) W. H. Bailey(26) Filed 6/30 1916 (27) W. H. Bailey 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. WHEN PLACED IN A PERMANENT RECORD, 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.

McGraw, of Columbia.