

WRITE PLAINLY, WITH 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.
McGaw, of Columbia

(1) PLACE OF BIRTH

County of Spartanburg
Township of "
or
Inc. Town of "
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
66145

Registration District No. 42-1 Registered No. 933
(For use of Local Registrar)
Sl. 4 Ward "

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6 7 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Leah L. Esh</u>			(14) NAME BEFORE MARRIAGE <u>Bertha Waltrip</u>	
(9) PRESENT POSTOFFICE OF FATHER <u># 12 Lenoir St. Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u># 13 Lenoir St. Spartanburg S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg S.C.</u>			(18) BIRTHPLACE <u>Mathison Co. W.C.</u>	
(13) OCCUPATION <u>Iron Work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

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. B. Lancaster M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 1, 1916 (28) Jas. Copes Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

fifth month of pregnancy.