

FOR NO. 1. MARGIN RESERVED FOR BINDING.  
WRITE MAINLY 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  
McCauley of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA, Bureau of Vital Statistics State Board of Health		70380	
Township of <u>Buck Springs</u>		Registration District No. <u>40006</u>		Registered No. <u>85</u>	
or Inc. Town of		(No. .... St.; .... Ward)		(For use of Local Registrar)	
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Marie High</u>				{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u> <small>to be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Augustus Giles High</u>			(14) NAME BEFORE MARRIAGE <u>Pearl Marie Staggs</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wileford S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wileford S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Spartanburg Co. S. C.</u>			(18) BIRTHPLACE <u>Spartanburg Co. S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>22.0</u> <u>A.M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>J. O. Vernon</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Wileford S.C.</u>					
Given name added from a supplemental report			(26) Witness		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Aug 15 1916</u>		
			(28) <u>L. Moore</u> 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.

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