

FOLIO NO. 100 MARGIN RESERVE FOR BINDING. WRITE FULLY, 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 McCaw of Columbia.

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Buck Springs
 or
 Inc. Town of
 or
 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
70380

Registration District No. 40006 Registered No. 85
 (For use of Local Registrar)

(2) Full Name of Child Marie High

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>
		(7) DATE OF BIRTH <u>June 30, 1916</u> <small>(Month 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>Welford S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Welford 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. Ca</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 Alive... at 2:20... A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Vernon
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Welford S.C.

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 15 1916 (28) D. Moore
Local Registrar

Given name added from a supplemental report 191.....
 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.