

Form No. 1.

(1) PLACE OF BIRTH

County of *Lexington*

Township of *Brook River*

or

Inc. Town of *Chapin S.C.*

or

City of

(No. St. Ward) (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

46836

Registration District No. *B103* Registered No. *5*

(For use of Local Registrar)

(2) Full Name of Child *Lander Mayer* } 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? *No* (7) DATE OF BIRTH *Jan 13 1916*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<i>Calvin Mayer</i>	(14) NAME BEFORE MARRIAGE	<i>Lillie Goldman</i>
(9) PRESENT POSTOFFICE OF FATHER	<i>Chapin S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER	<i>Chapin S.C.</i>
(10) COLOR OR RACE	<i>Black</i>	(16) COLOR OR RACE	<i>Black</i>
(11) AGE AT LAST BIRTHDAY	<i>22</i>	(17) AGE AT LAST BIRTHDAY	<i>20</i>
(12) BIRTHPLACE	<i>Newberry Co. S.C.</i>	(18) BIRTHPLACE	<i>Newberry Co. S.C.</i>
(13) OCCUPATION	<i>Servant</i>	(19) OCCUPATION	<i>Farming</i>
(20) Number of children born to mother, including present birth	<i>1</i>	(21) Number of children of this mother now living, including present birth	<i>1</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *H. A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Caroline Mayer*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Chapin S.C.

Given name added from a supplemental report

(26) Witness *William H. Hrick*

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

(27) Filed *Feb 9 1916* (28) *J. F. Frazier* 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.

WRITE PLAINLY, 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCay, of Columbia.