

FORM NO. 2  
 MARGIN ENCLOSED FOR TWIN-TRIPLET RECORD.  
 WRITE PLAINLY, WITH LEADING 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.  
 McCraw, of Columbia

(1) PLACE OF BIRTH

County of  Spartanburg   
 Township of  Blount 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  
**44657**

Registration District No.  4005  Registered No.  100   
 (For use of Local Registrar)  
 St.: ..... Ward  
 (No. ....)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) <del>BOY</del> GIRL? <u> Girl </u>	(4) Twin or Triplet? <u> No </u>	(5) Number in order of birth <u> 1 </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> Dec. 9, 1911 </u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u> Angus Morrow </u>	(14) NAME BEFORE MARRIAGE <u> Maggie Saults </u>			
(9) PRESENT POSTOFFICE OF FATHER <u> Pauline S C </u>	(15) PRESENT POSTOFFICE OF MOTHER <u> Pauline S C </u>			
(10) COLOR OR RACE <u> White </u>	(11) AGE AT LAST BIRTHDAY <u> 48 </u> (Years)	(16) COLOR OR RACE <u> White </u>	(17) AGE AT LAST BIRTHDAY <u> 44 </u> (Years)	
(12) BIRTHPLACE <u> Near Pauline S C </u>	(18) BIRTHPLACE <u> Near Pauline S C </u>			
(13) OCCUPATION <u> Farmer </u>	(19) OCCUPATION <u> Housewife </u>			
(20) Number of children born to mother, including present birth <u> None </u>	(21) Number of children of this mother now living, including present birth <u> Eight </u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was  Male , at  7  ..... A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)  S. D. Lawrence, M.D.

(24) State whether Physician or Midwife  Physician  (25) Address of Physician or Midwife  Pauline S C

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

(27) Filed  Dec 22, 1911  (28)  J. C. White  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.