

STATE OF SOUTH CAROLINA  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 COLUMBIA, SOUTH CAROLINA  
 McCaw, of Columbia

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of Campobello  
 or  
 Inc. Town of ..... Registration District No. 4001 Registered No. 9  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**50455**

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 27</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Will Andrew</u>		(14) NAME BEFORE MARRIAGE <u>Lula Oliver</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fingerville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Fingerville</u>		
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>		(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Spartanburg</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

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

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

(23) (Signature) A. J. Burtson, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife  
Campobello

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Mar 7 1916 (27) A. J. Burtson (28) 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.