

Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75058

(1) PLACE OF BIRTH

County of Union

Township of Union

or
Inc. Town of

or
City of

Registration District No. 4207 Registered No. 79
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irvine Sarratt Wix } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas Calvin Wix</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Vaughan</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC R #3</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union SC R 3</u>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Union Co SC</u>	(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>Union Co SC</u>	
(20) Number of children born to mother, including present birth <u>60</u>	(19) OCCUPATION <u>Housewife</u>		(21) Number of children of this mother now living, including present birth <u>31</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) I. S. Sarratt

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

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Aug 21 1916 (28) I. S. Sarratt 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.

MARGIN RESERVED FOR BINDING.
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.
McCaw, of Columbia.