

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WR. 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.

N. E. McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>McBarnice</i>		STATE OF SOUTH CAROLINA.		62765	
Township of <i>Buckner</i>		Bureau of Vital Statistics			
Inc. Town of <i>McBarnice</i>		State Board of Health			
City of		Registration District No. <i>101</i>		Registered No. <i>28</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Victor Parer</i>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 12, 1916</i>	
To be answered only in case of Twins or Triplets				(Month of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Conroy Parer</i>			(14) NAME BEFORE MARRIAGE <i>Mattie E. Owen</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>McBarnice S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>McBarnice S.C.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>28</i>			(17) AGE AT LAST BIRTHDAY <i>28</i>		
(12) BIRTHPLACE <i>Lexington N.C.</i>			(18) BIRTHPLACE <i>Lexington N.C.</i>		
(13) OCCUPATION <i>Seaman</i>			(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>Five</i>			(21) Number of children of this mother now living, including present birth <i>4</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Alive</i> at <i>12</i> <i>am</i> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>D. J. Beel MD</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>McBarnice S.C.</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
, 191...			(27) Filed <i>July 8, 1916</i> (28) <i>J. P. Dawson</i> Local Registrar		
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.					
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