

Form No. 1

(1) PLACE OF BIRTH
 County of Marlboro
 Township of
 or
 Inc. Town of Bennettsville
 or
 City of

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

File No.—For State Registrar Only
46814

Registration District No. 33-A Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child John Milton McCordy 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 19th 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Shakespeare S McCordy
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville S C
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Williamsburg Co S C
 (13) OCCUPATION Barber Shop Porter
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Daisy L Quirk
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville S C
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Marlboro Co S C
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Judith Gillespie
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville S C

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 July 29th 1916 (28) W W Tate 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make... the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia

MADE IN THE U.S.A. BY THE BUREAU OF VITAL STATISTICS, WASHINGTON, D.C.