

FORM NO. 4 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.

(1) PLACE OF BIRTH  
 County of UNION, S. C. **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of UNION, S. C.  
 or  
 Inc. Town of ..... Registration District No. 4-207 Registered No. 111  
 (For use of Local Registrar)  
 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  
87738

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 11, 4, 1916  
(to be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME M. L. Sprouse  
 (9) PRESENT POSTOFFICE OF FATHER Hopewell Va  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Union S.C.  
 (13) OCCUPATION Labourer  
 (20) Number of children born to mother, including present birth ..... 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Laura Littlejohn  
 (15) PRESENT POSTOFFICE OF MOTHER Union S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Union Co  
 (19) OCCUPATION Wife  
 (21) Number of children of this mother now living, including present birth ..... 1

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

(22) I hereby certify that I attended the birth of this child, who was alive, at ..... 1:20 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Dr. M. C. ...  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
9-24, 1916  
M. B. Woodward Registrar (27) Filed Nov 16, 1916 (28) D. 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.