

(1) PLACE OF BIRTH

County of *Columbia*Township of *Waverly*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

83068

Registration District No. *3613*Registered No. *169*

(For use of Local Registrar)

St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet? <i>X</i>	(5) Number in order of birth <i>X</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 15 1916</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <i>Walter Edward Franklin</i>	(14) NAME BEFORE MARRIAGE <i>Gleopatra West</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Osby R.F.D.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Osby R.F.D.</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>41</i>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>30</i>	(Years)
(12) BIRTHPLACE <i>Osby Co</i>	(18) BIRTHPLACE <i>Spartanburg Co</i>			
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>House wife</i>			
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *6 P* (Born alive or stillborn) (Hour A.M. or P.M. on the date above stated.)(23) (Signature) *M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Dr. C. Stewart*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Oct 15 1916*

1916

(28)

A. J. Fairley

Local Registrar

MARGIN RESERVED FOR BINDING.

FORM NO. 4.

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.

McCauley of Columbia.

*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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