

Form No. 1.

(1) PLACE OF BIRTH

County of Greenwood  
Township of Walnut Grove  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only  
**43168**

Registration District No. 23/4 Registered No. 93  
(For use of Local Registrar)  
St.; ..... Ward  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Elizabeth Algary

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 24 1915  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Thomas Algary  
(9) PRESENT POSTOFFICE OF FATHER Donalds S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE Greenwood Co S.C.  
(13) OCCUPATION Famer.  
(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Drake  
(15) PRESENT POSTOFFICE OF MOTHER Donalds S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Abbeville S.C.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) B. H. Carlton  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Donalds S.C.

Given name added from a supplemental report

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

(27) Filed Jan 5 1916 (28) R. M. May 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 FILING.  
WRITE PLAINLY, WITH FADING 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.