

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 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**

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

County of Spartanburg File No.—For State Registrar Only  
71777

Township of Glenn Springs

Inc. Town of ..... Registration District No. 4005 Registered No. 82  
 or ..... (For use of Local Registrar)  
 or ..... St.; ..... Ward  
 City of ..... (No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** Caliza More { If child is not yet named, make supplemental report as directed

**(3) BOY OR GIRL?** girl **(4) Twin or Triplet?** ..... **(5) Number in order of birth** ..... **(6) Are Parents Married?** yes **(7) DATE OF BIRTH** Aug 25 1990  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

**(8) FULL NAME** John More

**(9) PRESENT POSTOFFICE OF FATHER** Glenn Springs

**(10) COLOR OR RACE** Black **(11) AGE AT LAST BIRTHDAY** 47 (Years)

**(12) BIRTHPLACE** S.C.

**(13) OCCUPATION** Farmer

**(20) Number of children born to mother, including present birth** { ..... 12 }

**MOTHER.**

**(14) NAME BEFORE MARRIAGE** Helia Hatts

**(15) PRESENT POSTOFFICE OF MOTHER** Glenn Springs

**(16) COLOR OR RACE** Black **(17) AGE AT LAST BIRTHDAY** 40 (Years)

**(18) BIRTHPLACE** S.C.

**(19) OCCUPATION** Domestic

**(21) Number of children of this mother now living, including present birth** { ..... 11 }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

**(22) I hereby certify that I attended the birth of this child, who was** Born alive 90 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

**(23) (Signature)** Jane Harit

**(24) State whether Physician or Midwife** Midwife **(25) Address of Physician or Midwife** Glenn Springs

Given name added from a supplemental report  
 ....., 191...  
 Registrar

**(26) Witness** Mrs. White  
(Signature of Witness necessary only when question 23 is signed by mark)

**(27) Filed** Sept 4 1914 **(28)** J. C. White 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.