

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lexington</u>		STATE OF SOUTH CAROLINA.		78102	
Township of <u>Saluda</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. <u>B111</u>		Registered No. <u>44</u>	
(If birth occurs in a hospital or <sup>(No.</sup> other institution, give name of same instead of street and number.)		St.; .....		Ward) .....	
(2) Full Name of Child. <u>Luther Malcom Derrick</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 21, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Franklin C. Derrick</u>			(14) NAME BEFORE MARRIAGE <u>Nora Agnes Koon</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Chapin S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chapin S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Lexington C. S.C.</u>			(18) BIRTHPLACE <u>Lexington C. S.C.</u>		
(13) OCCUPATION <u>Farmer.</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth { <u>3</u> .....			(21) Number of children of this mother now living, including present birth { <u>3</u> .....		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9</u> .....					
on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>J. W. Messinger M.D.</u>					
(24) State whether Physician or Midwife   (25) Address of Physician or Midwife <u>Ballentine S.C.</u>					
Given name added from a supplemental report			(26) Witness .....		
....., 191.....			<small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
..... Registrar			(27) Filed <u>Oct-9-1916</u> (28) <u>Sidney C. Trutner</u> 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.