

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 LexingtonTownship of Saludaor
Inc. Town of

City of

(If birth occurs in a hospital or ^{(No.} other institution, give name of same instead of street and number.) St.; Ward)(2) Full Name of Child. Luther Malcom Derrick
 File No.—For State Registrar Only
78102

 (3) BOY OR GIRL? Boy (4) Twin or Triplet? No. (5) Number in order of birth 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Franklin C. Derrick(9) PRESENT POSTOFFICE OF FATHER Chapin S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Lexington C. S.C.(13) OCCUPATION Farmer.(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Agnes Koon.(15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Lexington C. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Messinger M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Ballentine 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 Oct-9-1916 (28) Sidney C. Trimmer
 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.