

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

McRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>				STATE OF SOUTH CAROLINA		76167	
Township of <u>Boffney</u>				Bureau of Vital Statistics			
or Inc. Town of <u>Boffney</u>				State Board of Health			
City of <u>Boffney</u>				Registration District No. <u>100</u>		Registered No. <u>132</u>	
(No. <u>1</u> St.; <u>132</u> Ward)				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Thomas H. Hare</u>							
(If child is not yet named, make supplemental report as directed)							
(3) BOY OR GIRL <u>1904</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth <u>1</u>		(6) Are Parents Married? <u>Yes</u>	
(7) DATE OF BIRTH <u>Dec 20 1904</u>		(Name of Month) (Day) (Year)					
FATHER.				MOTHER.			
(8) FULL NAME <u>Chas. Thomson Hare</u>				(14) NAME BEFORE MARRIAGE <u>Fannie Oxford</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Boffney</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Boffney</u>			
(10) COLOR OR RACE <u>white</u>				(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			
(12) BIRTHPLACE <u>O.C.</u>				(16) COLOR OR RACE <u>white</u>			
(13) OCCUPATION <u>mill op</u>				(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)			
(20) Number of children born to mother, including present birth <u>1</u>				(18) BIRTHPLACE <u>N.C.</u>			
				(19) OCCUPATION <u>Domestic</u>			
				(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>11 1/2</u> M., on the date above stated. (Normally or Stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Mary Hare</u>							
(24) State whether Physician or Midwife <u>Midwife</u>							
(25) Address of Physician or Midwife <u>Boffney</u>							
Given name added from a supplemental report				(26) Witness <u>M. J. Smith</u>			
				(Signature of Witness necessary only when question 23 is signed by mark)			
				(27) Filed <u>9/21 1904</u>			
				(28) <u>M. J. Smith</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.