

FORM NO. 1.

(1) PLACE OF BIRTH

County of Marion S.C. **CERTIFICATE OF BIRTH**
STATE OF SOUTH CAROLINA.Township of Marion S.C. Bureau of Vital Statistics
State Board of HealthInc. Town of Marion S.C. Registration District No. 32a Registered No. 48
(For use of Local Registrar)City of Marion S.C. (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Isaac Sparrow Boy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Twins</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 6</u> 19 <u>16</u> (Name of Month) (Day) (Year)
-----------------------------	-----------------------------------	---------------------------------------	------------------------------------	--

FATHER.

(8) FULL NAME Samie J. Sparrow(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Collard (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Marion S.C.(13) OCCUPATION Labor Work(20) Number of children born to mother, including present birth 6 children

MOTHER.

(14) NAME BEFORE MARRIAGE Leurena Birch(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Collard (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Marion S.C.(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 6 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 o'clock A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Mary J. Daniels
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Marion S.C.

Given name added from a supplemental report

(26) Witness Mammie Langan
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled June 6 1916 (28) Arthur G. Goy Local Registrar

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.

*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.

 File No.—For State Registrar Only
 65298