

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Marion S.C. **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**65298**

Township of Marion S.C.  
 or  
 Inc. Town of Marion S.C. Registration District No. 32a Registered No. 48  
 or  
 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? Boy (4) Twin or Triplet? Twins (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH June 6 1916  
 (Name of Month) (Day) (Year)

## FATHER.

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Louena Birch  
 (15) PRESENT POSTOFFICE OF MOTHER Marion S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (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 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 Mamie L. Langan  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 6 1916 (28) Arthur R. Goss 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.

MARGIN RESERVED FOR INDEXING.  
 WHITE 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 2.