

(1) PLACE OF BIRTH

County of York
 Township of Yorkville
 or
 Inc. Town of.....
 or
 City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18866

Registration District No. 120913Registered No. 218
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No
 To be answered only in event of Twins or Triplets

(5) Number in order of birth
1

(6) Are Parents Married? yes
 (7) DATE OF BIRTH June 19, 1886
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thurman J. Case

(9) PRESENT POSTOFFICE OF FATHER Yorkville, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Cotton mill Oper.

(20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Eva Reid

(15) PRESENT POSTOFFICE OF MOTHER Yorkville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Hour, M. or P. M.)

(23) (Signature) J. J. Luss (24) State whether Physician (25) Address of Physician or Midwife Yorkville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

....., 19.....
 Registrar

(27) Filed June 19, 1886 (28) 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.

*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.

WRITE PLAINLY. WHEN ENTERING IN THIS SPACE, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

MEGAN