

FORM NO. 1
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 8.
McCaw, of Columbia

(1) PLACE OF BIRTH

County of Spartanburg

Township of

OR

Inc. Town of

OR

City of Spartanburg

(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

66136

Registration District No. 40-2 Register No. 216

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 7

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH June 22, 1911

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Benj. H. Garner

(14) NAME BEFORE MARRIAGE Annis Foster

(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(10) COLOR OR RACE R

(11) AGE AT LAST BIRTHDAY 25

(Years)

(16) COLOR OR RACE R

(17) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Millwright

(19) OCCUPATION Domestic

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1, 1911 (28) Jas. Copes 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.