

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Spartanburgor
Inc. Town ofor
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

48260

Registration District No. 802Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child

Mary Perkins

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

| | | | | |
|------------------------------|-------------------------------|---------------------------------------|-------------------------------------|----------------------------|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>X</u> | (5) Number in order of birth <u>X</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE <u>Feb 5 1916</u> |
|------------------------------|-------------------------------|---------------------------------------|-------------------------------------|----------------------------|

Take suggested only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luther Henry Perkins(9) PRESENT POSTOFFICE OF FATHER Cameron SC(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Newberry Co(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Georgiana Reeves(15) PRESENT POSTOFFICE OF MOTHER Cameron SC(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Dorchester Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 7 P M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. H. H. H.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cameron SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 7 1916 (28) W. S. Keller 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.

MADE PLAINLY, WITH UNFADING INK—THIS IS A PREPARED BLANK FOR EACH CHILD, AND MUST BE THE SAME IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, NO. 2, ETC., IN QUESTION 2.

McCaw, of Columbia