

Form No. 10.

MARGIN RESERVED FOR BINDING.

WR N.1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaw

McCaw of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH **Spartanburg** **CERTIFICATE OF BIRTH**  
 County of **Spartanburg** STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. **408** Registered No. **72**  
 or  
 City of **Spartanburg, S.C.** (No. **Ing. S.C.**) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward

File No.—For State Registrar Only  
**50382**

(2) Full Name of Child **Ronald Sanders Tracer** { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL~~ (4) Twin or Triplet **One** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Jan. 29 1906**  
To be answered only in case of Twins or Triplets (Age of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME **Donald M. Tracer**  
 (9) PRESENT POSTOFFICE OF FATHER **Spartanburg, S.C.**  
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **30** (Years)  
 (12) BIRTHPLACE **Wendale, S.C.**  
 (13) OCCUPATION **Merchant**  
 (20) Number of children born to mother, including present birth **1**

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE **Annie Mill Saunders**  
 (15) PRESENT POSTOFFICE OF MOTHER **Spartanburg, S.C.**  
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **35** (Years)  
 (18) BIRTHPLACE **Spartanburg, S.C.**  
 (19) OCCUPATION **Housewife**  
 (21) Number of children of this mother now living, including present birth **1**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was **male** at **5:30** P.M., on the date above stated. (Born **live** or stillborn) (Hour A.M. or P.M.)

(23) (Signature) **J. J. [Signature]**  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife **M. 19 | Spartanburg, S.C.**

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed **Mar 6 1906** (28) **James Cooper** 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.

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