

McCraw, J. C. - 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 5.  
 of Columbia.

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**90407**

(1) PLACE OF BIRTH  
 County of Horry Co.  
 Township of Simpson Creek  
 OR  
 Inc. Town of ..... Registration District No. .... Registered No. 184  
 (For use of Local Registrar)  
 City of ..... (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 John C. McCormie } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3<sup>rd</sup></u>	(6) Are Parents Married? <u>yes</u>
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(7) DATE OF BIRTH Dec 30 1914  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joseph McCormie</u>	(14) NAME BEFORE MARRIAGE <u>Francis Carter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Allsbrook SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Allsbrook SC</u>		
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Horry Co SC</u>	(18) BIRTHPLACE <u>Horry Co SC</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>three</u>	(21) Number of children of this mother now living, including present birth <u>three</u>		

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

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

(23) (Signature) E. M. Pringle

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

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 Jan 3 1916 (28) J. A. Bryan 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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