

(1) PLACE OF BIRTH
 County of Taunfeld
 Township of 9
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
46122

(2) Full Name of Child Charlie M. Meekin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charlie M. Meekin

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

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Taunfeld Co., S.C.

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jones

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Taunfeld Co., S.C.

(19) OCCUPATION Farm hand

(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 born alive at 3: P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. ...

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodward, 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 Jan 6 1906 (28) W. A. ... Local Registrar.

MARGIN RESERVED FOR BENDING. 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 5. McCaw, of Columbia

*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.