

48434

(1) PLACE OF BIRTH  
County of Christian  
Township of .....COMMONWEALTH OF VIRGINIA  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthInc. Town of ..... Registration District No. 10 Registered No. 29  
(For use of Local Registrar)  
City of Gaffney (No. 406 Dist. West 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 Engene Calvin Oxford If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 17 1918  
(Name of Month) (Day) (Year)  
*To be answered only in event of Twins or Triplets*

## FATHER.

(8) FULL NAME Engene Calvin Oxford  
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)  
(12) BIRTHPLACE Caldwell Co. N.C.  
(13) OCCUPATION Cotton Mill Operating  
(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Holt  
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Cock Co, Tenn.  
(19) OCCUPATION Housewife  
(20) 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 Alive at 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Patten M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

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

(27) Filed 3/28 1918 (28) N. S. Smith 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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WHILE PLACED WITH UNPAID INSURANCE IS A TERMINATION RECORD.  
N. H.—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.  
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