

Form No. 1.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of ...  
inc. Town of ...  
City of ...

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46117

Registration District No. 1700 Registered No. 1  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 1 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom McConnee  
(9) PRESENT POSTOFFICE OF FATHER Shelton S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Spartanburg S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Martin  
(15) PRESENT POSTOFFICE OF MOTHER Shelton S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Columbia S.C.  
(19) OCCUPATION Farmer's wife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife, Shelton, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10 1916 (28) H. P. Colvin 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.

MARGIN RESERVED FOR BINDING.  
WHITE 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 2.  
McCaw, of Columbia