

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.

(1) PLACE OF BIRTH

County of

Chester

Township of

*Levenshale*Inc. Town of
or

City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. *11.0.6* Registered No. *120*
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76278

(2) Full Name of Child *Mattie V Varndore*

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

(6) Are Parents Married *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) *Sept. 1, 1916*

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME

John V Varndore

(9) PRESENT POSTOFFICE OF FATHER

Pickburg

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

Chester Co

(13) OCCUPATION

Farmer

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

seven

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie E Stroud

(15) PRESENT POSTOFFICE OF MOTHER

Pickburg

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Chester Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5* P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mattie V Varndore*

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

Pickburg SC

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed

9/15

1916

(28)

J. A. G. [Signature]
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.