

(1) PLACE OF BIRTH

County of Anderson
 Township of Frank

or
 Inc. Town of

or
 City of

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

(2) Full Name of Child

Christine Arnold

File No.—For State Registrar Only

63018

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 305 Registered No. 70
 (For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL?
Boy

(4) Twin or Triplet? ✓

(5) Number in order of birth
 is answered only in event of Twins or Triplets 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 15, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr Joseph Arnold

(9) PRESENT POSTOFFICE OF FATHER

Townville SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 23
 (Years)

(12) BIRTHPLACE

Orange Co. SC

(13) OCCUPATION

Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucie Whitfield

(15) PRESENT POSTOFFICE OF MOTHER

Townville SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE

Anderson Co. SC

(19) OCCUPATION

Housewife

(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 1230 9 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Johnson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Townville SC

Given name added from a supplemental report

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Registrar

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

(27) Filed July 9, 1916 (28) R. G. McBlain 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 INDEXING.
 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 5.
 McCaw, of Columbia.