FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18384

(1) PLACE OF BIRTH
County of Calhoun
Township of Pine Grove
or
Inc. Town of Lone Star SC
or
City of ..... (No. ..... St., ... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 203 ... Registered No. 65 (For use of Local Registrar)

(2) Full Name of Child Martha C. Crosland
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth 9
(6) Are Parents Married? yes
(7) DATE OF BIRTH June 16, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Crosland
(9) PRESENT POSTOFFICE OF FATHER Lone Star SC
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE St. Matthews SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes E. Burch
(15) PRESENT POSTOFFICE OF MOTHER Lone Star SC
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE St. Matthews SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. Dreher M.D.
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife St. Matthews SC

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 21 1915 (28) J. D. Stackelmire 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.

WRITE PLAINLY, WITH FOUNTAIN PEN, PENCIL OR BINDING.
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