Form No. 1.

(1) PLACE OF BIRTH

County of Marlboro

Township of [illegible]

or

Inc. Town of ..... Registration District No. 3305 Registered No. 50 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28536

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

(3) BOY OR GIRL? Yes

(4) Twin or Triplet? 7

(5) Number in order of birth 4

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH [illegible] (Name of Month) (Day) 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME A. D. Polston	(14) NAME BEFORE MARRIAGE Mattie Fendale
(9) PRESENT POSTOFFICE OF FATHER McCall S.C.	(15) PRESENT POSTOFFICE OF MOTHER McCall S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Madison Co. N.C.	(18) BIRTHPLACE Little Rock N.C.
(13) OCCUPATION Mill Work	(19) OCCUPATION Farm Work
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 34 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Douglas Shaw M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife McCall S.C.

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 Aug 29 1915 (28) Julius Cavinston 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 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