

FORM NO. 6 MARGIN RESERVED FOR BINDING.  
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 Richland

Township of

or Inc. Town of

or City of Columbia

(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

74498

Registration District No. 782

Registered No. 248

(For use of Local Registrar)

(2) Full Name of Child

Susie Thompson

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 2, 1916  
(Name of Month), (Day), (Year)

FATHER.

(8) FULL NAME C. Charlie Thompson

(9) PRESENT POSTOFFICE OF FATHER 1724 Thompson

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Referee

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Thompson

(15) PRESENT POSTOFFICE OF MOTHER 1724 Thompson

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. J. J. J. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 19, 1916 (28) William A. B. B. 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.

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