CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
83896

(1) PLACE OF BIRTH

County of Williamsburg

Township of Kurkey
or
Inc. Town of .....
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. 4211 Registered No. 88
(For use of Local Registrar)

(2) Full Name of Child Richard Neal McCutchen (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	Oct 11, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Neal McCutchen	(14) NAME BEFORE MARRIAGE: Rosa Nesmith
(9) PRESENT POSTOFFICE OF FATHER: Fowler	(15) PRESENT POSTOFFICE OF MOTHER: Fowler S C
(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Williamsburg	(18) BIRTHPLACE: Williamsburg Co
(13) OCCUPATION: Farmer	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present birth: Two	(21) Number of children of this mother now living, including present birth: Two

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 5 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma V. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mark

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Oct 25 1916. (28) A. E. Brown
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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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, Columbia, S. C.