

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>76407</b>	
County of <i>Charleston</i> Township of <i>Pee Dee</i> Inc. Town of ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registration District No. <i>12.2.8.</i> Registered No. <i>15</i> (For use of Local Registrar)	
(2) Full Name of Child <i>Fleming Brodie</i> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>✓</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>✓</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept. 20, 1916.</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Irvin Brodie</i>			(14) NAME BEFORE MARRIAGE <i>Lydia Burns</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Cash, S. C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Cash, S. C.</i>		
(10) COLOR OR RACE <i>Negro</i>		(11) AGE AT LAST BIRTHDAY <i>about 28.</i> (Years)	(16) COLOR OR RACE <i>Negro</i>		(17) AGE AT LAST BIRTHDAY <i>about 25.</i> (Years)
(12) BIRTHPLACE <i>Cash</i>			(18) BIRTHPLACE <i>Cash</i>		
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Farming</i>		
(20) Number of children born to mother, including present birth <i>6</i>			(21) Number of children of this mother now living, including present birth <i>4</i>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Not reported</i>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife					
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 ..... 19 ..... (28) <i>H. S. Matheson</i> 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.					