

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 2.

McCauley, of Columbia.

(1) PLACE OF BIRTH
County of Hershaw
Township of Beulah
or
Inc. Town of
City of
(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
86205

Registration District No. 2701 Registered No. 276
(For use of Local Registrar)
St.; Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 22, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas C Fletcher</u>			(14) NAME BEFORE MARRIAGE <u>Nannie Bramon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hershaw SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hershaw SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Hershaw Co</u>			(18) BIRTHPLACE <u>Hershaw Co</u>	
(13) OCCUPATION <u>Planter</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>one</u> }			(21) Number of children of this mother now living, including present birth { <u>one</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 no
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. R. Clyburn

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Columbia SC

Given name added from a supplemental report

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

(27) Filed Nov 19 1916 (28) W. H. Mason
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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