

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.

(1) PLACE OF BIRTH
County of Cheraw
Township of Cheraw
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.)

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

File No.—For State Registrar Only
76339

Registration District No. 1201 Registered No. 87
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? No. (7) DATE OF BIRTH Sept. 8, 1916
(Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|---|---|--|---|
| (8) FULL NAME <u>Rufus Chapman</u> | (14) NAME BEFORE MARRIAGE <u>Carrie Fuller</u> | (15) PRESENT POSTOFFICE OF FATHER <u>Cheraw S.C.</u> | (17) AGE AT LAST BIRTHDAY <u>15</u> (Years) |
| (9) PRESENT POSTOFFICE OF FATHER <u>Cheraw S.C.</u> | (16) PRESENT POSTOFFICE OF MOTHER <u>Cheraw</u> | (10) COLOR OR RACE <u>Negro</u> | (18) COLOR OR RACE <u>Negro</u> |
| (11) AGE AT LAST BIRTHDAY <u>35</u> (Years) | (19) BIRTHPLACE <u>Marlboro Co.</u> | (12) BIRTHPLACE <u>S.C.</u> | (20) OCCUPATION <u>Farmer</u> |
| (13) OCCUPATION <u>Farmer</u> | (21) Number of children of this mother now living, including present birth <u>one</u> | (22) Number of children born to mother, including present birth <u>One</u> | (23) Address of Physician or Midwife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Kollie Handcock
(24) State whether Physician or Midwife (25) Address of 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 Sept 10 6 19 .. (28) O. B. Ingram 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.