

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH FADING 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

FORM NO. 1.

(1) PLACE OF BIRTH

County of Richmond

Township of .....

or  
Inc. Town of .....

City of Richmond (No. 109)

(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

46165

Registration District No. 20-A Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child James Earl

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

(3) BOY OR GIRL Male

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 25 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Earl

(9) PRESENT POSTOFFICE OF FATHER Richmond

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Richmond

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alta Robinson

(15) PRESENT POSTOFFICE OF MOTHER Richmond

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE Richmond

(19) OCCUPATION Teacher

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) James Earl

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 27 1916

(28)

B. B. Craft M.D.  
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.