

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, S. C.

(1) PLACE OF BIRTH County of <u>Chesterfield</u> Township of <u>Cole Hill</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>76350</b>	
(2) Full Name of Child <u>John Wesley Rose</u>		Registration District No. <u>1202</u>		Registered No. <u>62</u> (For use of Local Registrar)	
(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL		(4) Twin or Triplet? To be answered only in event of Twins or Triplets		(5) Number in order of birth	
(6) <input type="checkbox"/> MARRIED?		(7) DATE OF BIRTH <u>Sept 14<sup>th</sup> 1916</u> (Name of Month) (Day) (Year)		(8) St.; ..... Ward)	
<b>FATHER.</b> (9) FULL NAME <u>John Walter Rose</u> (10) PRESENT POSTOFFICE OF FATHER <u>Patrick S. C.</u> (11) COLOR OR RACE <u>white</u> (12) AGE AT LAST BIRTHDAY <u>37</u> (Years) (13) BIRTHPLACE <u>Chesterfield Co.</u> (14) OCCUPATION <u>Farmer</u> (15) Number of children born to mother, including present birth <u>Six</u>			<b>MOTHER.</b> (16) NAME BEFORE MARRIAGE <u>Sallie Henderson</u> (17) PRESENT POSTOFFICE OF MOTHER <u>Patrick S. C.</u> (18) COLOR OR RACE <u>white</u> (19) AGE AT LAST BIRTHDAY <u>28</u> (Years) (20) BIRTHPLACE <u>Chesterfield County</u> (21) OCCUPATION <u>Housewife</u> (22) Number of children of this mother now living, including present birth <u>Six</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (23) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>S.P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (24) (Signature) <u>Ellen Jones</u> (25) State whether <u>Physician or Midwife</u> (26) Address of Physician or Midwife <u>Chesterfield S.C. R. 3</u> (27) Witness <u>J. W. Rose</u> (28) <u>Sept 18 1916</u> (29) <u>J. A. Davis</u> Local Registrar.					
Given name added from a supplemental report ..... ..... 19 ..... 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.					