

N. H.—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.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Adrian</u></p> <p>Township of <u>Tabernash</u></p> <p>or</p> <p>Inc. TOWN of .....</p> <p>or</p> <p>City of .....</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p><b>50917</b></p>	
<p>Registration District No. <u>201</u></p>		<p>Registered No. <u>12</u></p> <p>(For use of Local Registrar)</p>			
<p>(2) Full Name of Child <u>Margaret Kitchings</u> If child is not yet named, make supplemental report as directed</p>					
<p>(3) BOY OR GIRL? <u>Girl</u></p>		<p>(4) Twin or Triplet? <u>X</u></p> <p><small>To be answered only in case of Twins or Triplets</small></p>		<p>(5) Number in order of birth <u>X</u></p>	
<p>(6) Are Parents Married? <u>Yes</u></p>		<p>(7) DATE OF BIRTH <u>Feb. 17, 1916</u></p> <p>(Name of Month) (Day) (Year)</p>			
FATHER.			MOTHER.		
<p>(8) FULL NAME <u>Holley Preston Kitchings</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Opal McLane</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Kitchings Mills St.</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Kitchings Mills St.</u></p>		
<p>(10) COLOR OR RACE <u>White</u></p>		<p>(11) AGE AT LAST BIRTHDAY <u>26</u></p> <p>(Years)</p>		<p>(16) COLOR OR RACE <u>White</u></p>	
<p>(12) BIRTHPLACE <u>S.C.</u></p>		<p>(17) AGE AT LAST BIRTHDAY <u>25</u></p> <p>(Years)</p>		<p>(18) BIRTHPLACE <u>S.C.</u></p>	
<p>(13) OCCUPATION <u>Domestic Service</u></p>			<p>(19) OCCUPATION <u>Housewife</u></p>		
<p>(20) Number of children born to mother, including present birth <u>4</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>4</u></p>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6:30</u> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>(23) (Signature) <u>W. A. Whitlock, M.D.</u></p>					
<p>(24) State whether Physician or Midwife <u>Physician</u></p>			<p>(25) Address of Physician or Midwife <u>Kitchings Mills St.</u></p>		
<p>Given name added from a supplemental report</p> <p><u>Sept. 10, 1916</u></p> <p><u>W. A. Whitlock</u></p> <p>Registrar</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p><u>W. A. Whitlock</u></p> <p>(27) Filed <u>Feb. 17, 1916</u> (28) <u>W. A. Whitlock</u></p> <p>Local Registrar</p>		

\*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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