

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 York

Township of

or

Inc. Town of

or

City of York

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72670

Registration District No. 30-A Registered No. 197

(For use of Local Registrar)

(No. 4165 Dorgan St.; Ward)

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

(3) Boy or Girl? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 13 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. H. Smith

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE Rock Hill

(13) OCCUPATION Physician

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kathryn B. Smith

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. W. Lord

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 28 16 (28) M. R. M. H. M. H. M. H. 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.