

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

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Bethel

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50765

(2) Full Name of Child

Cumner

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? yes

(7) DATE OF BIRTH June 30 1911

FATHER.

(8) FULL NAME

Myrt Cumner

(9) PRESENT POSTOFFICE OF FATHER

Clown sc

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

29 (Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lydia Baird

(15) PRESENT POSTOFFICE OF MOTHER

Clown sc

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

Housekeeper

(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 alive at 4:30 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M. B. Baird M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

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(28)

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.