

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.

(1) PLACE OF BIRTH		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health		File No.—For State Registrar Only	
County of <u>Spartanburg</u>								91712	
Township of <u>#7</u>									
Inc. Town of		Registration District No. <u>3906</u>		Registered No. <u>42</u>				(For use of Local Registrar)	
City of		(No. St.; Ward)							
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)									
(2) Full Name of Child. <u>Walter Andrew J.</u> If child is not yet named, make supplemental report as directed									
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH	<u>Dec 1 1916</u>				
					(Name of Month) (Day) (Year)				
FATHER.					MOTHER.				
(8) FULL NAME <u>Walter Andrew</u>					(14) NAME BEFORE MARRIAGE <u>William Andrew</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Johnston S.C.</u>					(15) PRESENT POSTOFFICE OF MOTHER <u>Johnston S.C.</u>				
(10) COLOR OR RACE <u>Negro</u>					(16) COLOR OR RACE <u>Negro</u>				
(11) AGE AT LAST BIRTHDAY <u>24</u>					(17) AGE AT LAST BIRTHDAY <u>22</u>				
(12) BIRTHPLACE <u>Johnston S.C.</u>					(18) BIRTHPLACE <u>Johnston S.C.</u>				
(13) OCCUPATION <u>Farmer</u>					(19) OCCUPATION <u>House wife</u>				
(20) Number of children born to mother, including present birth					(21) Number of children of this mother now living, including present birth				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*									
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>2 P.M.</u> on the date above stated. (Born <u>live</u> or stillborn) (Hour, A. M. or P. M.)									
(23) (Signature) <u>W. C. Cowan M.D.</u>									
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Johnston S.C.</u>									
Given name added from a supplemental report									
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)									
(27) Filed <u>Dec. 1916</u> (28) <u>W. C. Cowan</u> 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.