

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.
McRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lancaster
Township of Little Creek
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2804

File No.—For State Registrar Only

15534

Registered No. 98
(For use of Local Registrar)

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

(2) Full Name of Child

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? No (7) DATE OF BIRTH May 26, 1902
(Name of Month (Day) (Year))

FATHER.

(8) FULL NAME Will Mockey
(9) PRESENT POSTOFFICE OF FATHER Lancaster
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Lancaster S.C.
(13) OCCUPATION farm work
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Chapman
(15) PRESENT POSTOFFICE OF MOTHER Lancaster
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Lancaster S.C.
(19) OCCUPATION farm work
(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 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth A. Thompson
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Lancaster

Given name added from a supplemental report

(26) Witness J. R. Jones
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 6-1 1902 (28) J. I. Thompson
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.