

WRITE PLAINLY, WITH EXAMPLING IN THE CASE OF A PRESENTED CHILD, AND IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND IN THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Calhoun
Township of Pine Grove
or
Inc. Town of Lone Star SC.
or
City of

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

File No.—For State Registrar Only

84605

Registration District No. 803 Registered No. 115
(For use of Local Registrar)

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

(2) Full Name of Child Leslie Wren

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 3/16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Felix Wren
(9) PRESENT POSTOFFICE OF FATHER Lone Star SC.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE Calhoun Co SC.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Taylor
(15) PRESENT POSTOFFICE OF MOTHER Lone Star SC.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Calhoun Co SC.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wm. Williams
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Marks SC.

Given name added from a supplemental report

(26) Witness Mrs. J. S. Jordan
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. - 1916 (28) J. S. Jordan
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.