

THESE PLACES, WITH CELEBRATIONS, ARE HELD IN A PRESENT BY THE  
 N. B. - In case of TWINS or TRIPLETS USE 2 SEPARATE BLANKS FOR EACH CHILD, AND ONE IN  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8.  
 McCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Calhoun  
 Township of  Pine Grove  
 or  
 Inc. Town of  Lone Star S.C.  
 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 <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 31 1916</u>
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Felix Wren

(9) PRESENT POSTOFFICE OF FATHER Lone Star S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Calhoun Co S.C.

(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 S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Calhoun Co S.C.

(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 ..... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Williams

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Marks S.C.

Given name added from a supplemental report

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

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