

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.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 76000	
or Inc. Town of <u>Charleston</u>		Registration District No. <u>9A</u>		Registered No. <u>986</u> (For use of Local Registrar)	
City of <u>Charleston</u> (No. <u>56</u> <u>Hausovis</u>)		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>Baby Farr</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept. 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Willie Casey</u>			(14) NAME BEFORE MARRIAGE <u>Copelia Farr</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wait below</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Columbia S.C.</u>			(18) BIRTHPLACE <u>Charleston</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9:25</u> A.M., on the date above stated. <small>(Born alive or stillborn) (Hour, A.M. or P.M.)</small>					
(23) (Signature) <u>F. G. Casey</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>141 D. Poplar St.</u>					
Given name added from a supplemental report, 191..... Registrar			(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
			(27) Filed <u>9/19</u> 191 <u>6</u> (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.