

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia.

(1) PLACE OF BIRTH
County of *Sph*
Township of *Sph*
or
Inc. Town of *Sph*
or
City of *Sph*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

87290

Registration District No. *40-a*

Registered No. *443*
(For use of Local Registrar)

(2) Full Name of Child

Mary Janet Burt

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 *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 26 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Samuel Janet Burt*

(9) PRESENT POSTOFFICE OF FATHER *Sph SC*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *41* (Years)

(12) BIRTHPLACE *Honey Port SC*

(13) OCCUPATION *Jewelry Salesman*

(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Janet*

(15) PRESENT POSTOFFICE OF MOTHER *Sph SC*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *36* (Years)

(18) BIRTHPLACE *Virginia*

(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 *born* at *12:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *James H. H. H.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Charlottesville, Va.*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by maker)

(27) Filled *Dec 1 1916* (28) *Gas Popper* 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.