

## (1) PLACE OF BIRTH

County of SaludaTownship of Dist. 7OR  
Inc. Town ofOR  
City of

(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

66127

Registration District No. 3706 Registered No. 26

(For use of Local Registrar)

SL; Ward

## (2) Full Name of Child

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	(6) Are Parents Married?	(7) DATE OF BIRTH
				(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Chas. W. W. W.(9) PRESENT POSTOFFICE OF FATHER Johnston, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Saluda County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

## MOTHER

(15) NAME BEFORE MARRIAGE Sallie S. S.(16) PRESENT POSTOFFICE OF MOTHER Johnston(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 26 (Years)(19) BIRTHPLACE Saluda County(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. W. W. W.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Johnston, S.C.

Given name added from a supplemental report

(26) Witness M. P. R. W. W. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 1916 (28) M. P. R. W. W. 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.

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 2.  
 McCaw, of Columbia