

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter.....
 Township of Providence.....
 or
 Inc. Town of.....
 or
 City of (No. St.; Ward)
 (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
74904

Registration District No. 4145... Registered No. 101.....
 (For use of Local Registrar)

(2) Full Name of Child Alberta Every..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH..... <u>Aug 3</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Isaac Every

(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.

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

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mittie Richardson

(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY.....20.....
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Isaac Every

(24) State whether Physician or Midwife father

(25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

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

(27) Filed Aug 10, 1916. (28) B. M. Leaphorn
 Registrar 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.