

FORM NO. 6

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

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76207

Registration District No. 1003 Registered No. 119

(For use of Local Registrar)

(2) Full Name of Child Jack Becknell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of Birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 1916 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME R. B. Becknell

(14) NAME BEFORE MARRIAGE Maggie Hershey

(9) PRESENT POSTOFFICE OF FATHER Yaffney St. R. 22 #8

(15) PRESENT POSTOFFICE OF MOTHER same

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 22 (Years)

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

(12) BIRTHPLACE A. C.

(18) BIRTHPLACE n. c.

(13) OCCUPATION mill

(19) OCCUPATION

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

(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 6:50 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. J. Ferguson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mrs. Yaffney

Given name added from a supplemental report

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

(27) Filed Sept 24 1916 (28) H. P. Pritchard 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 due for stillbirths before the fifth month of pregnancy.