

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72813

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of twins or triplets	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH (Name of Month) (Day) (Year) Aug 19 1906
FATHER.			MOTHER.	
(8) FULL NAME O. K. Poston			(14) NAME BEFORE MARRIAGE Martha Sue Turner	
(9) PRESENT POSTOFFICE OF FATHER Kingsburg			(15) PRESENT POSTOFFICE OF MOTHER Kingsburg	
(10) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 28	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 19	
(12) BIRTHPLACE Florence Co			(18) BIRTHPLACE Florence Co	
(13) OCCUPATION farming			(19) OCCUPATION Housewife	
(20) Number of children born to mother, including present birth 2			(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 ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

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

(27) Filed

191.....

(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.