

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 *Williamsburg*
Township of *Lane*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

75127

Registration District No. *4306*

Registered No. *73*
(For use of Local Registrar)

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

(2) Full Name of Child *Francis Chandler* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 7th 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Ephraim Chandler*

(9) PRESENT POSTOFFICE OF FATHER *Salters Depot, S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *Williamsburg Co. S. C.*

(13) OCCUPATION *Farm laborer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Spibey*

(15) PRESENT POSTOFFICE OF MOTHER *Salters Depot, S.C.*

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

(18) BIRTHPLACE *Williamsburg Co. S. C.*

(19) OCCUPATION *Farm laborer*

(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 *Born alive* at *11 P. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Leah X Driffin*

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

midwife Salters Depot, 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. 15th 1916* (28) *Albert B. Moreley* 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.