

FORM NO. 7 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 McCormick
 Township of S. 104
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. 7117 For State Registrar Only

Registration District No. 2312 Registered No. 58
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Robert Lee Hearst } If child is not yet named, make supplemental report as directed

| | | | | |
|--|---|---------------------------------|---|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No.</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Aug 15, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Ord Hearst</u> | | | (14) NAME BEFORE MARRIAGE <u>Rebecca Bellatt</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Iray, S. C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Iray, S. C.</u> | |
| (10) COLOR OR RACE <u>Black</u> | (11) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small> | (16) COLOR OR RACE <u>Black</u> | (17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small> | (18) BIRTHPLACE <u>S. C.</u> |
| (12) BIRTHPLACE <u>S. C.</u> | (13) OCCUPATION <u>Farm Hand</u> | (19) OCCUPATION <u>Servant</u> | (21) Number of children of this mother now living, including present birth <u>Two</u> | |
| (20) Number of children born to mother, including present birth <u>Three</u> | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. H. Workman
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Iray, S. C.

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 Aug 15 1916 (28) J. P. Plomou 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.

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