

MARGIN RESERVED FOR BINDING.

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

File No.—For State Registrar Only  
**75068**

County of *Williamsburg*  
 Township of *King, No. 16*  
 or  
 Inc. Town of *Kingstree*, Registration District No. *43 A*  
 or  
 City of *Kingstree, S.C.* (No. *short* 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 *Mamie Brown* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? — To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>4th</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 2 1916</i> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME *Sam Brown*

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

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *29* (Years)

(12) BIRTHPLACE *Williamsburg Co.*

(13) OCCUPATION *School House Janitor, & Tobacco W. Ho. work.*

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Julia Brown*

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

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *Indianatown*

(19) OCCUPATION *Housekeeper—own home, & Washwoman.*

(21) Number of children of this mother now living, including present birth { *Three*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *born alive* ..... at *9:30 P. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

*Nellie Kennedy* (23) (Signature)  
 (24) State whether Physician or Midwife *(C) was the Midwife* (25) Address of Physician or Midwife *Kingstree, S.C.*

Given name added from a supplemental report

(26) Witness *Sam X. Brown, Jr. Father*  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug. 14, 1916* (28) *J. G. McButcher,* 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.