

McCaw of Columbia
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. Inquisition.
 ALL INFORMATION OBTAINED FROM THIS FORM IS FOR OFFICIAL USE ONLY AND IS NOT TO BE RELEASED TO THE PUBLIC.
 THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. IT IS NOT TO BE FILLED OUT BY THE FATHER OR MOTHER.
 IN CASE OF TWINS OR TRIPLETS, A SEPARATE BLANK OF THIS KIND SHOULD BE FILLED OUT FOR EACH CHILD, AND MARKED
 IN THE MARGINS AS FOLLOWS: "FIRST-BORN", "SECOND-BORN", "THIRD-BORN", "FOURTH-BORN", "FIFTH-BORN", "SIXTH-BORN", "SEVENTH-BORN", "EIGHTH-BORN", "NINTH-BORN", "TENTH-BORN", "ELEVENTH-BORN", "TWELFTH-BORN", "THIRTEENTH-BORN", "FOURTEENTH-BORN", "FIFTEENTH-BORN", "SIXTEENTH-BORN", "SEVENTEENTH-BORN", "EIGHTEENTH-BORN", "NINETEENTH-BORN", "TWENTIETH-BORN", "TWENTY-FIRST-BORN", "TWENTY-SECOND-BORN", "TWENTY-THIRD-BORN", "TWENTY-FOURTH-BORN", "TWENTY-FIFTH-BORN", "TWENTY-SIXTH-BORN", "TWENTY-SEVENTH-BORN", "TWENTY-EIGHTH-BORN", "TWENTY-NINTH-BORN", "THIRTIETH-BORN".

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71098

(1) PLACE OF BIRTH
 County of Aiken
 Township of McTier
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 202 Registered No. 17
 (For use of Local Registrar)
 (2) Full Name of Child, Annex Lybrand If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 19, 1916
To be answered only in case of Twins or Triplets
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Oscar Lybrand
 (9) PRESENT POSTOFFICE OF FATHER Earle, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Aiken Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Simie Ann Huff
 (15) PRESENT POSTOFFICE OF MOTHER Earle, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Aiken Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)
 (23) (Signature) M. S. Dauterive, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Earle, 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 25 1916 (28) M. J. Goley 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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