

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 Blarney
Township of Widway
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.)
(No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76452

Registration District No. 1316 Registered No. 40
(For use of Local Registrar)

(2) Full Name of Child Fannie Hoode

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Sept 8, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME not known
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Gibbons
(15) PRESENT POSTOFFICE OF MOTHER Widway
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35
(18) BIRTHPLACE SC
(19) OCCUPATION House duties
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Rose M. Gibbons
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Widway

Given name added from a supplemental report

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

(27) Filed Oct. 10, 1916 (28) H. H. Smith
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.