

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 <u>Georgetown</u> Township of ..... or Inc. Town of ..... or City of <u>Georgetown</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>21-A</u>		File No.—For State Registrar Only <b>72823</b>
		Registered No. <u>77</u> (For use of Local Registrar)		
(2) Full Name of Child <u>Baby Barfield</u>		(No. <u>417</u> <u>Magnum</u> St.; ..... Ward)		(If child is not yet named, make supplemental report as directed)
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>Twin</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3rd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 22nd</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Andrew James Jackson Barfield</u>		(14) NAME BEFORE MARRIAGE <u>Ella Leontine Owens</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown - S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Georgetown Co - S. C.</u>		(18) BIRTHPLACE <u>Myrtle Beach - Horry Co - S. C.</u>		
(13) OCCUPATION <u>Lumber.</u>		(19) OCCUPATION <u>Housekeeping</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1030p</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Wm. Gailard - m d</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Georgetown S.C.</u>				
Given name added from a supplemental report ..... ..... 19 ..... Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 28 1916</u> (28) <u>W. B. Wyly</u> 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.				