

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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 Wm. Burg.Township of Hope

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75080

Registration District No. 4301Registered No. 3071

(For use of Local Registrar)

(2) Full Name of Child. Mary Louise Stinny

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Walter Stinny

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Wm. Burg. Co.

(13) OCCUPATION

Farmer

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

{ Two }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rena Boderick

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

Wm. Burg. Co.

(19) OCCUPATION

Housewife

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

{ Two }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:20 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. O. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 22 1916 (28) G. O. Taylor, M.D. 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.