

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 Williamsburg  
Township of Johnson  
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

75112

Registration District No. 4304 Registered No. 91  
(For use of Local Registrar)

(2) Full Name of Child Hurline Elizabeth Patterson If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 11, 19 16  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Simon Patterson  
(9) PRESENT POSTOFFICE OF FATHER Rome S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Rome S.C.  
(13) OCCUPATION Labour in Iron  
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Pearson  
(15) PRESENT POSTOFFICE OF MOTHER Rome S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Dan S.C.  
(19) OCCUPATION Labour Harriess  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Jane X Patterson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rome S.C.

Given name added from a supplemental report

(26) Witness O. Cary Rollins  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 15, 19 16 (28) R. L. Ray 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.