

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 Monzonia  
or  
Inc. Town of.....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.--For State Registrar Only

75148

Registration District No. 4306. Registered No. 72  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child David Adams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Willie Adams  
(9) PRESENT POSTOFFICE OF FATHER Cades SC  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Williamsburg Co  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 5

MOTHER.  
(14) NAME BEFORE MARRIAGE Lue Smith  
(15) PRESENT POSTOFFICE OF MOTHER Cades  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Williamsburg Co  
(19) OCCUPATION House wife  
(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 Alive at 4:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Epps  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cades

Given name added from a supplemental report  
.....  
....., 19 ..  
Registrar

(26) Witness Lue Smith  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 7, 1916 (28) J. T. Finson  
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.