

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				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Darlington</u>				STATE OF SOUTH CAROLINA		76635	
Township of <u>Lamar</u>				Bureau of Vital Statistics			
Inc. Town of				State Board of Health			
City of				Registration District No. <u>1504</u>		Registered No. <u>102</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)						(For use of Local Registrar)	
(2) Full Name of Child <u>Joel Sam DuBou</u>						St.; Ward)	
						If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 27, 1916</u>			
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>Clara R. DuBou</u>				(14) NAME BEFORE MARRIAGE <u>Essie Odom</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lamar SC</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Lamar SC</u>			
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>32</u>		(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>26</u>	
(12) BIRTHPLACE <u>Darlington Co</u>		(Years)		(18) BIRTHPLACE <u>Darlington Co</u>		(Years)	
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>4</u>				(21) Number of children of this mother now living, including present birth <u>3</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4 P. M.</u> , on the date above stated. (Born <u>Alive</u> or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Hester D. Baker</u>				(24) State whether Physician or Midwife <u>Midwife</u>			
				(25) Address of Physician or Midwife <u>Lamar SC</u>			
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
				(27) Filed <u>Sept 27, 1916</u> (28) <u>S. W. DuBou</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.							