

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.

(1) PLACE OF BIRTH
County of Lexington
Township of Northway
or
Inc. Town of
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
46830

Registration District No. 3107 Registered No. 1
(For use of Local Registrar)

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

(3) SEX OR Female (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 18 1916
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Lessie Mae Chavis (9) PRESENT POSTOFFICE OF FATHER Woodhouse (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

MOTHER: (14) NAME BEFORE MARRIAGE Carrie B. Williams (15) PRESENT POSTOFFICE OF MOTHER Woodhouse (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Wiken Co. (18) BIRTHPLACE Orangeburg (13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 3 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Messouri Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodhouse

Given name added from a supplemental report
June 29 1916
W. W. Miller Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) John R. Miller
(27) Date Jan 22 1916 (28) John R. Miller 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.

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