

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.

McGraw of COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Chesterfield</u> Township of <u>Mc Bee S.C.</u> 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.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>1200</u> Registered No. <u>60</u> (For use of Local Registrar) (No. .... St.; ..... Ward) (If child is not yet named, make supplemental report as directed)		File No.—For State Registrar Only <b>76321</b>
(2) Full Name of Child _____				
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Triple</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>9</u> - <u>11</u> - <u>1913</u> (Name of Month) (Day) (Year)
(8) FULL NAME _____		(9) PRESENT POSTOFFICE OF FATHER _____		
(10) COLOR OR RACE _____		(11) AGE AT LAST BIRTHDAY _____ (Years)		
(12) BIRTHPLACE _____		(13) OCCUPATION _____		
(14) NAME BEFORE MARRIAGE <u>Attorn Bristol</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Mc Bee S.C.</u>		
(16) COLOR OR RACE <u>Calard</u>		(17) AGE AT LAST BIRTHDAY _____ (Years)		
(18) BIRTHPLACE <u>Chesterfield</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Midwife, Mc Bee S.C.</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Annie Dixon</u>				
Given name added from a supplemental report _____ _____ _____, 19 .....		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>10/1</u> - <u>1916</u> (28) <u>J.M. Beatty</u> Registrar 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.