

WRITE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark with
N. B.—McCaw, of Columbia.
McCaw, of

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of		STATE OF SOUTH CAROLINA.		43039	
Township of		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. 2209		Registered No. 493	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Margaret Siple</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL: <u>Girl</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>Dec. 24</u> 1915	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Siple</u>			(14) NAME BEFORE MARRIAGE <u>Marion Henderson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>1511 North Main St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>1511 North Main St.</u>		
(10) COLOR OR RACE <u>Y</u>			(16) COLOR OR RACE <u>Y</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>St. Louis, Mo.</u>			(18) BIRTHPLACE <u>St. Louis, Mo.</u>		
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>None</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>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1 30 P</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>1511 North Main St.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191.....			(27) <u>Jan 2</u> 191..... (28) <u>[Signature]</u> Local Registrar.		
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.					
Registrar					
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