

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

County of Newberry  
Township of Albion  
OR  
Inc. Town of .....  
OR  
City of ..... (No. .... St.; ..... Ward)

Registration District No. 2403 ... Registered No. 45 .....  
(For use of Local Registrar)

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

File No.—For State Registrar Only  
**74006**

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? 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>August 5, 1906</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Gory

(15) PRESENT POSTOFFICE OF MOTHER Albion

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY ..... (Years) 18

(18) BIRTHPLACE Newberry S.C.

(19) OCCUPATION Iron Worker

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jones

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Albion

Given name added from a supplemental report

....., 19 .....

Registrar

(26) Witness Thomas H. Paper  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed August 1906 (28) J. G. Floyd  
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.