

FORM NO. 4. MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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 Grenville

Township of

OR Inc. Town of Piedmont

OR City of By Court order: 7-12-79

(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
72896

Registration District No. 22

Registered No. 48

(For use of Local Registrar)

JAMES ODELL WILLIAMS St.;

(2) Full Name of Child James Odell Scourright If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 1 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Charlie Wiley

MOTHER
(14) NAME BEFORE MARRIAGE Carrie Scourright

(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.

(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Ga

(18) BIRTHPLACE Ga

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who born alive at Bon Air 820 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. C. Mack

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

C.O. 13, 471 191...
D10 Aug 9, 1919
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 10 1916 (28) R. R. Phillips 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.