

FORM NO. A  
 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.

(1) PLACE OF BIRTH

County of Union  
 Township of Boyanonah  
 or  
 Inc. Town of Buffalo  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
87695

Registration District No. 4213 Registered No. 85  
 (For use of Local Registrar)  
 St.; \_\_\_\_\_ Ward)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 4 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Mills Malone</u>	(14) NAME BEFORE MARRIAGE <u>Maudie Stevens</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo S.C. R 75</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo, S.C. R 75</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)	
(12) BIRTHPLACE <u>Union Co., S.C.</u>	(18) BIRTHPLACE <u>Union Co., S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>Seven</u>	(21) Number of children of this mother now living, including present birth <u>Seven</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 11:15 P.M.

(23) (Signature) G. J. Jolley  
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report  
 \_\_\_\_\_ 191\_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 30 1916 (28) Geoff. Woodward 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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