

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
 County of Charleston
 Township of Johns Isld
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (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
76123

Registration District No. 905 Registered No. 94
 (For use of Local Registrar)

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

(3) **BOY OR GIRL?** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 1916
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.
 (8) FULL NAME William Anderson
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 48 (Years)
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 13

MOTHER.
 (14) NAME BEFORE MARRIAGE Rebecca Veit
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 41 (Years)
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Annie Pinckney
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Isld

Given name added from a supplemental report

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 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct. 4 1916 (28) W. C. Hills
 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.