

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 3.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Aiken  
 Township of Taborville  
 or  
 Inc. Town of ..... Registration District No. 201 Registered No. 40  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
75412

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 22, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Don't know</u>			(14) NAME BEFORE MARRIAGE <u>Lila Hickson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Don't know</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darby, Pa</u>	
(10) COLOR OR RACE <u>Don't know</u>	(11) AGE AT LAST BIRTHDAY <u>Don't know</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>Don't know</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Don't know</u>			(18) BIRTHPLACE <u>Aiken Co.</u>	
(13) OCCUPATION <u>Don't know</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { .....			(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 12:00 Noon on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Lee Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield, Pa. P.O.

Given name added from a supplemental report  
 ..... 191.....  
 ..... Registrar

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

(27) Filed Sept 12 1916 (28) W. S. ...  
 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.