

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of Rock Hill

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

(2) Full Name of Child Ra. M. Caw(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH mar 11

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME alfred M. Caw(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C. R#6(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 42

(Years)

(12) BIRTHPLACE Ill.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE matilda Bowden(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C. R#6(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 39

(Years)

(18) BIRTHPLACE Rock Hill(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6. a'clock a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Barron

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Rock Hill S.C. R#6

Given name added from a supplemental report

....., 191....

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/15/11 (28) J. Barron 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.

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.

Caw, of Columbia

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54135

Registration District No. 44B Registered No. 52

(For use of Local Registrar)

(No. R#6 St.: ..... Ward)

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

{ If child is not yet named, make supplemental report as directed

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