

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.  
McCay, of Columbia.

(1) PLACE OF BIRTH County of <u>Georgetown</u> Township of <u>7</u> or Inc. Town of ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>72856</b>	
(2) Full Name of Child, <u>Mrs. S. Small, Jr.</u>		Registration District No. <u>2106</u>		Registered No. <u>58</u> (For use of Local Registrar)	
(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. 9, 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Mrs. S. Small</u> (9) PRESENT POSTOFFICE OF FATHER <u>Waverly Mills, S. C.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>36</u> (Years) (12) BIRTHPLACE <u>South Carolina</u> (13) OCCUPATION <u>Laborer</u> (20) Number of children born to mother, including present birth <u>4</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Eliza King</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Waverly Mills, S. C.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>34</u> (Years) (18) BIRTHPLACE <u>South Carolina</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>4</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Hour A. M. or P. M.) <u>6 A. M.</u> (23) (Signature) <u>E. H. Stuart</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Waverly Mills, S. C.</u> Given name added from a supplemental report ..... 191.... ..... Registrar (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by name) (27) Filed <u>Aug. 16, 1916</u> (28) <u>Seabell L. Lapham</u> 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.