

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—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.

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

or
Inc. Town of

City of

(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

47775

Registration District No. 4908

Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Willie May M^cConnell

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? ye

(7) DATE OF BIRTH Jan. 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dan M^cConnell

(9) PRESENT POSTOFFICE OF FATHER York S. C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE York S. C.

(13) OCCUPATION Farm Land

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Wilson

(15) PRESENT POSTOFFICE OF MOTHER York S. C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE York S. C.

(19) OCCUPATION Farm Land

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Anderson

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

mid-wife York S. C.

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 Jan 18 1916 (28) Jos. I. Barrow 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.