

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Maillow
 Township of Hebron
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
46878

Registration District No. 3304 Registered No. 5
 (For use of Local Registrar)
 (No. _____ St.: _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Celan Allen Hauser If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 19 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Frank Kenny Hauser</u>	(14) NAME BEFORE MARRIAGE <u>Daisy John Compton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Clw Ab.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Clw Ab.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>near Clw Ab.</u>	(18) BIRTHPLACE <u>near Clw Ab.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House Keeper</u>			
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at _____ at _____ H. 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) John Allen Hauser, M.D.
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Clw Ab.

Given name added from a supplemental report _____
 _____, 191____
 _____ Registrar
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 20 1916 (28) W. H. Woodley 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.
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