

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN to 3 THE OTHERS, No. 2 etc. in question 5.
 McCraw of Columbia

(1) PLACE OF BIRTH
 County of Union
 Township of Boyanville
 or
 Town of Buffalo S.C.
 or
 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
79561

Registration District No. H.2.B. Registered No. 59
 (For use of Local Registrar)

(2) Full Name of Child. _____

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

(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <small>(to be answered only in event of Twins or Triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 14</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Joseph Perry Pitts</u>		(14) NAME BEFORE MARRIAGE <u>Maggie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)		(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>Henderson Co. N.C.</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(13) OCCUPATION <u>Mill Work</u>		(18) BIRTHPLACE <u>Henderson Co. N.C.</u>		
(19) OCCUPATION <u>None</u>		(20) Number of children of this mother now living, including present birth <u>1</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. P. McElroy

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

Given name added from a supplemental report _____ _____ Registrar	(26) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filled <u>Sept. 30, 1916</u> (28) <u>Frank W. Rodman</u> Local Registrar
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*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.