

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.

of Columbia
Caw, of

W. H. McCaw
N. B.

(1) PLACE OF BIRTH

County of Richland

Township of Richland

Inc. Town of Richland

City of Richland

(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

54158

Registration District No. 446 Registered No. 7
(For use of Local Registrar)

2) Full Name of Child William James } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1/1/1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James H. Smith (14) NAME BEFORE MARRIAGE James H. Smith
(9) PRESENT POSTOFFICE OF FATHER Richland (15) PRESENT POSTOFFICE OF MOTHER Richland
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Richland (18) BIRTHPLACE Richland
(13) OCCUPATION Farmer (19) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1 (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 at Richland M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richland

Given name added from a supplemental report

(26) Witness James H. Smith
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/1/1916 (28) James H. Smith 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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