

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.

McCaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of 9.6
or
Inc. Town of
or
City of

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

Registration District No. 2316

File No.—For State Registrar Only
77401

Registered No. 67
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Charlie Mitchell

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

FATHER.
(8) FULL NAME Charlie Mitchell
(9) PRESENT POSTOFFICE OF FATHER 96 S. E.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Fannie Stevens
(15) PRESENT POSTOFFICE OF MOTHER 96 S. E.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Farm Land
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Fannie Anderson (midwife)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 96 S. E.

Given name added from a supplemental report

J. M. G. Turner 1916
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 16 (28) J. M. G. Turner 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

See also Vol. 126 no. 68812