

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.

(1) PLACE OF BIRTH

County of Cherokee
 Township of Limestone
 OF
 Inc. Town of
 or
 City of Gaffney, S.C. (No. 102 St.; B. Ward)
 (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
76169

Registration District No. 10^a Registered No. 134
 (For use of Local Registrar)

(2) Full Name of Child Richard Meredith Darwin } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME John Thomas Darwin
 (9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3-1 (Years)
 (12) BIRTHPLACE York County S.C.
 (13) OCCUPATION Physician
 (20) Number of children born to mother, including present birth { 2

(14) NAME BEFORE MARRIAGE Louis Meredith Small
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Gaffney S.C.
 (19) OCCUPATION wife
 (21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. T. Darwin, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/30 1916 (28) N. S. 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.