

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 6.

M. R. McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Adams  
 Township of Gabersville  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... 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  
45165

Registration District No. 401 Registered No. 1  
 (For use of Local Registrar)

(2) Full Name of Child Misfred Quaman Baughman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 29 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Jordan Baughman  
 (9) PRESENT POSTOFFICE OF FATHER Salley, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Marine Laborer  
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Leah Bonnett  
 (15) PRESENT POSTOFFICE OF MOTHER Salley S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Whillock, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Crabapple Mills S.C.

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 11 1916 (28) W. S. Manna 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.

Registrar I

Local Registrar.

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