

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH NON-FADING 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

County of Chesterfield File No.—For State Registrar Only  
 76341

Township of Cheraw Registration District No. 1.2.01 Registered No. 89  
 (For use of Local Registrar)

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.)

(2) Full Name of Child Clarence Mathew Sheal child is not yet named, make  
 supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 11, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Clarence Sheal

(9) PRESENT POSTOFFICE OF FATHER Cheraw S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE Chesterfield Co

(13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth five

**MOTHER.**

(14) NAME BEFORE MARRIAGE Nanie Cassidy

(15) PRESENT POSTOFFICE OF MOTHER Cheraw, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE Chesterfield Co

(19) OCCUPATION Farm laborer

(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..... at... 5 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Diana Howry

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

Given name added from a supplemental report

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..... 19 .....

Registrar

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

(27) Filed Sept-15-1916 (28) P. B. Ingram  
 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.