

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.  
McCay, of Columbia.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

76280

Registration District No. 1106

Registered No.

123

(For use of Local Registrar)

## (2) Full Name of Child

Elizabeth Crockett

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

No.

(7) DATE OF BIRTH

Sept 14 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Herman Monahan

(9) PRESENT POSTOFFICE OF FATHER

Richburg, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Farming

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

1

(14) NAME BEFORE MARRIAGE

Sallie Crockett

(15) PRESENT POSTOFFICE OF MOTHER

Richburg

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Farming Labor

(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 on the date above stated.

(Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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

1916

(28)

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.