

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
N. 1
Caw. of Columbia

(1) PLACE OF BIRTH
County of Fairfield
Township of 8
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
4854

Registration District No. 1902 Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child Frank Ray Agnew { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 1, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William C. Agnew</u>			(14) NAME BEFORE MARRIAGE <u>Ernie Higgins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Great Falls</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Great Falls</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charter Co.</u>			(18) BIRTHPLACE <u>Charter Co.</u>	
(13) OCCUPATION <u>electric operator</u>			(19) OCCUPATION <u>house wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Caroline Collins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Blacksburg

Given name added from a supplemental report

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

(27) Filed Feb. 5 1916 (28) A. B. Fowler
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.

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