

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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b>		File No.—For State Registrar Only <b>72860</b>	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health			
Township of <u>#7</u>					
or Inc. Town of .....		Registration District No. <u>2.1.16</u>		Registered No. <u>62</u>	
or City of .....		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; ..... Ward)			
(2) Full Name of Child <u>Emma Francis Dear</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 26, 1914</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Dear</u>			(14) NAME BEFORE MARRIAGE <u>Catherine Grant</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly Mills</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly Mills</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Pelee H.C.</u>			(18) BIRTHPLACE <u>Wagley H.C.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth { <u>5</u> }			(21) Number of children of this mother now living, including present birth { <u>4</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3</u> ..... M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>Dolly Dear</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Waverly Mills, S. C.</u>					
Given name added from a supplemental report			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191....			(27) Filed <u>Aug 30, 1914</u>		
..... Registrar			(28) <u>A. H. Hutchette</u> 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.