

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of .....  
 OR  
 Inc. Town of Anderson  
 OR  
 City of Anderson

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

File No.—For State Registrar Only  
**16 092956**

Registration District No. 3-A Registered No. ....  
 (For use of Local Registrar)

(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 John Earle M<sup>c</sup>Curry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 19<sup>th</sup> 19<sup>16</sup></u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. J. M<sup>c</sup>Curry

(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46  
(Years)

(12) BIRTHPLACE Anderson, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Earle

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE Anderson, S.C.

(19) OCCUPATION Home wife

(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 alive at 5:9 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. W. H. Kase

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

Given name added from a supplemental report

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..... 19 .....

Registrar

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

(27) Filed June 1, 1939 (28) M. B. Woodward, M.D.  
 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.