

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.
 N. B. McCaw of Columbia.
 N. B. McCaw

(1) PLACE OF BIRTH
 County of Kershaw
 Township of No. 11

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

File No. For State Registrar Only
49957

Inc. Town of Pomaria Registration District No. 340X Registered No. 6
 City of Pomaria (No.) (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 James Russell If child is not yet named, make supplemental report as directed

| | | | | |
|---|---|--|-----------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Y</u> | (7) DATE OF BIRTH <u>Feb 9 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER (8) FULL NAME <u>Leonard W. Russell</u> | | MOTHER (14) NAME BEFORE MARRIAGE <u>Maxine Myers</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Pomaria S.C.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Pomaria S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | | (11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small> | | (16) COLOR OR RACE <u>White</u> |
| (12) BIRTHPLACE <u>Hartfield Co S.C.</u> | | (17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small> | | |
| (13) OCCUPATION <u>Farmer</u> | | (18) BIRTHPLACE <u>Kershaw Co S.C.</u> | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | (19) OCCUPATION <u>Housewife</u> | | |
| (21) Number of children of this mother now living, including present birth <u>2</u> | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. O. Hunt
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pomaria S.C.

Given name added from a supplemental report
 , 1916

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 10 1916 (28) N. J. Johnson 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.

Registrar Local Registrar

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