

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of
OR
Inc. Town of
OR
City of Farmville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

75254

Registration District No. 4406 Registered No. 59
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 10 (6) Are Parents Married? ye (7) DATE OF BIRTH Aug 3, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joseph T. Morris

(14) NAME BEFORE MARRIAGE Lula Moss

(9) PRESENT POSTOFFICE OF FATHER Farmville

(15) PRESENT POSTOFFICE OF MOTHER Farmville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Sumter County

(18) BIRTHPLACE Sumter County

(13) OCCUPATION Mail Dept.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9-5-1916 (28) A. L. Parker 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.