

INDEX

N. B. McCaw, of Columbia

McCaw, O

County of _____

Township of

or

INC. TOWER O

City of

City of . . .
(If birth)

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin
or Triplet?

(5) Number in order of birth event of Twin or Triplets

(6) Are
Parents
Married?

(7) DATE OF BIRTH _____

(Name of Month) (Day) (Year)

FATHER

(3) FULL NAME

Sumner W. Frazer

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(11) AGE AT LAST BIRTHDAY 36
(Years)

(12) **BIRTHPLACE**

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at the date above stated. (born alive or stillborn) 7:45 P. M. (hour A. M. or P. M.)

(23) (Signature)

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

Given name added from a supplement-
tal report

June 8, 1916

V. C. Miller
Registrar

(26) Witness

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

(27) ~~FILE~~

121

(38)

10

1

2

•

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

LOCHI INVESTMENTS

*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.