

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 | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|-------------------------------------|---------------------------------------|---|---|--|
| County of <u>Hampton</u> | | STATE OF SOUTH CAROLINA. | | 77464 | |
| Township of <u>Peoples</u> | | Bureau of Vital Statistics | | | |
| or Inc. Town of <u>Oranum</u> | | State Board of Health | | | |
| or City of _____ | | Registration District No. <u>2402</u> | | Registered No. <u>1914</u> | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | (No. _____ St. _____ Ward _____) | | (For use of Local Registrar) | |
| (2) Full Name of Child <u>Beulah Evelyn Fitts</u> | | | | If child is not yet named, make supplemental report as directed | |
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>1</u> | (5) Number in order of birth <u>5</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec. 29, 1916</u> | |
| To be answered only in case of Twins or Triplets | | | | (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>R. R. Fitts</u> | | | (14) NAME BEFORE MARRIAGE <u>Beulah Harker</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Vernonville, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Oranum, S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>33</u> | (16) COLOR OR RACE <u>White</u> | | (17) AGE AT LAST BIRTHDAY <u>32</u> | |
| (12) BIRTHPLACE <u>Hampton Co.</u> | | (18) BIRTHPLACE <u>Orangeburg Co.</u> | | | |
| (13) OCCUPATION <u>Electrician</u> | | | (19) OCCUPATION <u>Wife</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>5</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4</u> <u>PM</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>J. H. Fitts</u> | | | | | |
| (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Oranum, S.C.</u> | | | | | |
| Given name added from a supplemental report _____, 191.... | | | (26) Witness _____ | | |
| _____, 191.... | | | (Signature of Witness necessary only when question 23 is signed by mark) | | |
| _____, Registrar | | | (27) Filed <u>Sept 29, 1916</u> (28) <u>H. W. Rogers</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.

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