

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.
 MACON, Ga. Columbia

(1) PLACE OF BIRTH
 County of Union STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Buffalo State Board of Health
 or
 Inc. Town of Buffalo Registration District No. 42-B Registered No. 58
 or
 City of _____ (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; _____

File No.—For State Registrar Only
79560

(2) Full Name of Child Beatrice Rector } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) TWIN or TRIPLET?	(5) Number in order of birth <small>To be answered only in event of twins or triplets.</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>9 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Yau, G. Rector</u>	(14) NAME BEFORE MARRIAGE <u>Lucy Dills</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>50</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>N.C. Mat's Medical</u>	(18) BIRTHPLACE <u>Shartanburg S.C.</u>			
(13) OCCUPATION <u>Mill operator</u>	(19) OCCUPATION <u>House-wife</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. P. McElroy
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____ _____ Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____ (27) Filed <u>Sept 20 1916</u> (28) <u>Geo. L. Woodward</u> Local Registrar
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*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.