

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>74884</b>	
County of <u>Sumter</u> Township of <u>Mayeville</u> or Inc. Town of ..... or City of .....		Registration District No. <u>4102</u> (No. .... St.; ..... Ward)		Registered No. <u>89</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Edith Marie Logan</u>		{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Aug 21 1916</u> (Name of Month (Day) (Year))	
<b>FATHER</b> (8) FULL NAME <u>Walter J Logan</u> (9) PRESENT POSTOFFICE OF FATHER <u>Mayeville S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>4</u>			<b>MOTHER</b> (14) NAME BEFORE MARRIAGE <u>Carrie A. Nesbitt</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Mayeville S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>31</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>White</u> at <u>11</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M., or P. M.)					
(23) (Signature) <u>Lena Bryan</u>		(24) State whether Physician or Midwife <u>Midwife</u>		(25) Address of Physician or Midwife <u>Mayeville</u>	
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 21 1916</u> (28) <u>W. J. Thomas</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.					