

FOR FILING IN THE OFFICE OF THE REGISTRAR
WHILE PLACING WITHIN THE FILING CASE—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 N. No. 1, THE OTHER, No. 2, etc., in question 3.
McNaw of Columbia

(1) PLACE OF BIRTH
County of Saluda Co.
Township of H. 2
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 3101 Registered No. 56
(For use of Local Registrar)
St.: _____ Ward: _____

File No.—For State Registrar Only
66105

2) Full Name of Child Not named hereby
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? _____ <small>to be answered only in case of 1 twinning or triplet</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16</u> <small>Name of Month (Day) (Year)</small>
FATHER		MOTHER		
8) FULL NAME <u>Calvin C. Heaster</u>		14) NAME BEFORE MARRIAGE <u>Calvin C. Heaster</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Batesburg R. F. D.</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg R. F. D.</u>		
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
12) BIRTHPLACE <u>Saluda Co.</u>		18) BIRTHPLACE <u>Saluda Co.</u>		
13) OCCUPATION <u>farmer</u>		19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Batesburg S. C.

Given name added from a supplemental report 191..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u> (27) Filed <u>June 29 1916</u> (28) <u>[Signature]</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.