

MARGIN RESERVED FOR BINDING.

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  
 County of Charleston  
 Township of Johns Island  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
76122

Registration District No. 905 Registered No. 93  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas Lucy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 7 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clara Lucy  
 (9) PRESENT POSTOFFICE OF FATHER Mullet Hall  
 (10) COLOR OR RACE Cobona (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Boating  
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Mullet Hall  
 (16) COLOR OR RACE Cobona (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Johns Island  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. Brown at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Carter  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mullet Hall

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 Oct. 4 1916 (28) W. C. Hills 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.