

FORM NO. 6 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.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Campbell  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
**47394**

Registration District No. 4001a Registered No. 6  
(For use of Local Registrar)

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 Male Infant of James M. S. Page } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James Milton Page  
(9) PRESENT POSTOFFICE OF FATHER Campbell S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48 (Years)  
(12) BIRTHPLACE North Carolina  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ..... 9 .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Martha Elvira West  
(15) PRESENT POSTOFFICE OF MOTHER Campbell S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Years)  
(18) BIRTHPLACE Spartanburg Co.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { ..... 9 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) ..... C. L. Stevens .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Campbell S.C.

Given name added from a supplemental report  
June 29, 1916  
C. W. Miller  
D. S. Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 18 1916 (28) A. Has. Masby 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.