

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, S. C.

(1) PLACE OF BIRTH

County of York
 Township of Febenoze
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

75246

Registration District No. 4405 Registered No. 86
 (For use of Local Registrar)

(2) Full Name of Child

Robert Mills

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 1, 16</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Mills</u>	(14) NAME BEFORE MARRIAGE <u>Jane Mills</u>	(9) PRESENT POSTOFFICE OF FATHER <u>R Hill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>R Hill S.C.</u>	(16) COLOR OR RACE <u>Negro</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farm Store</u>	(20) Number of children born to mother, including present birth <u>4</u>	(19) OCCUPATION <u>Store</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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Clark
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 8/17/16 (28) JRM 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.