

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 Lebenaze  
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.)

(2) Full Name of Child

Robert Miel

File No.—For State Registrar Only

75246

CERTIFICATE OF BIRTH

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

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

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

FATHER.  
(8) FULL NAME John Miel  
(9) PRESENT POSTOFFICE OF FATHER R Hill St.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farm Laborer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Jane Miel  
(15) PRESENT POSTOFFICE OF MOTHER R Hill St.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Laborer  
(21) Number of children of this mother now living, including present birth 4

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.

(23) (Signature) Caroline Clark (Born alive or stillborn) at 6:30 A.M.  
(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 8/17/1916 (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.