

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 Edgfield
 County of Edgfield
 Township of Edgfield
 or
 Inc. Town of Registration District No. 1808 Registered No. 2
 or
 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 Elizabeth Parker { If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
72542

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets.</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug</u> , <u>12</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Parker Jr</u>			(14) NAME BEFORE MARRIAGE <u>Mary Sholter</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Edgfield S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edgfield</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Edgfield</u>			(18) BIRTHPLACE <u>Edgfield</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Home duties</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12⁰⁰ P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. P. Nicholson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edgfield 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)

(27) Filed

1916

(28)

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.