

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

Township of

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77998

Registration District No.

Registered No.

(For use of Local Registrar)

(No. ...)

(Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Lease Host</u>	(14) NAME BEFORE MARRIAGE <u>Matthie Robertson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Mayeresville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mayeresville S.C.</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>73</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>Durham Co. S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>			
(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Durham Co. S.C.</u>			
(19) OCCUPATION <u>House & field work</u>	(20) Number of children of this mother now living, including present birth <u>2</u>			
(21) Number of children of this mother now living, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lizzie Rogers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mayeresville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 11, 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.