

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.

WRY

N. B. McCaw, of Columbia.

McCaw,

(1) PLACE OF BIRTH
 County of Marion
 Township of Marion
 or
 Inc. Town of Marion Registration District No. 320 Registered No. 3
 or
 City of _____ (No. _____) (For use of Local Registrar)
 (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

46781

(2) Full Name of Child Sumie Elizabeth Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Jan. 26, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wyllman Thompson(9) PRESENT POSTOFFICE OF FATHER Marion SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Marion Co SC(13) OCCUPATION Engin Cotton Mill(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Ruby Hemmelt(15) PRESENT POSTOFFICE OF MOTHER Marion SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Marion Co SC(19) OCCUPATION Domestic(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 Born alive at 5:20 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Drake

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

Physician Marion SC

Given name added from a supplemental report

....., 191.....

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Registrar

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

(27) Filed Febr 1916 (28) Arthur R. O'Neil 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.

Registrar 1Local Registrar 1

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