

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, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Providence
or
Inc. Town of.....
or
City of..... (No. St.; Ward)
(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

74905

Registration District No. 4105 Registered No. 102
(For use of Local Registrar)

(2) Full Name of Child Daniel Goodman 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>Yk</u>	(7) DATE OF BIRTH..... <u>Aug 5, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Daniel Goodman</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Ginerette</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dalzell S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S. C.</u>	
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY..... <u>28</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY..... <u>20</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farm Hand</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... alive..... at 6-P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ann Mitchell
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S. C.

Given name added from a supplemental report
.....
....., 19.....
Registrar

(26) Witness Mrs. Eva Burkette
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 10, 1916 (28) B. M. Daughlin
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.