

WHITE PENCIL, 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Mecklenburg  
 Township of Woodsick  
 or  
 Inc. Town of Woodsick  
 or  
 City of Woodsick (No. 57)  
 (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  
**85846**

Registration District No. 2209 Registered No. 564  
 (For use of Local Registrar)  
 St.; ..... Ward)

(2) Full Name of Child..... } If child is not yet named, make supplemental report as directed

(3) SEX GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) MARRIED?	(7) DATE OF BIRTH
<u>Girl</u>		<u>1</u>	<u>Yes</u>	<u>11. 23. 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME	<u>E. J. Garner</u>	(14) NAME BEFORE MARRIAGE	<u>Minnie Mc Goyen</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>225 Woodsick Ave</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>57 Woodsick Ave</u>	
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>	
(11) AGE AT LAST BIRTHDAY	<u>38</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>27</u> (Years)	
(12) BIRTHPLACE	<u>D.C.</u>	(18) BIRTHPLACE	<u>Duroe Ill.</u>	
(13) OCCUPATION	<u>grocer</u>	(19) OCCUPATION	<u>Mill work</u>	
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at Woodsick on the date above stated. (Hour A. M. of P. M.) 12:30

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness  
 (Signature of Witness necessary only when question 23 is signed by mark)  
Dec 11 1916 (27) Filed \_\_\_\_\_ (28) A. H. Mackley 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 fourth month of pregnancy.