

N. H.—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 Lancaster
 Township of Bufford
 or
 Inc. Town of
 or
 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
64976

Registration District No. 2500 Registered No. 311
 (For use of Local Registrar)

(2) Full Name of Child Memarius

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Chas. McManus
 (9) PRESENT POSTOFFICE OF FATHER Lancaster
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Knight
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 9:30 P. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. F. Sandak, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by Mark)
 (27) Filed 7/1/16 191..... (28) J. W. Cooper
 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.

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