

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Maytown
or
Inc. Town of Rt. 6
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Jim Blanton

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Blanton
(9) PRESENT POSTOFFICE OF FATHER Gaffney #6
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(12) BIRTHPLACE Union Co., S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Livie Turner
(15) PRESENT POSTOFFICE OF MOTHER Gaffney Rt 5
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE Union Co., S.C.
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lamar Jeffries
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaffney, S.C.

Given name added from a supplemental report

(26) Witness D. W. McPherson
(Signature of Witness necessary only when question 23 is signed by mark)

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Registrar

(27) Filed Sept 13, 1916 (28) C. C. Green
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.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
76187

Registration District No. 1000 Registered No. 63
(For use of Local Registrar)