

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.

Form No. 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of Burchard

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50859

Registration District No. 101

Registered No. 9

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Mildred Elizabeth

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

March 13

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David C. G. G. G.

(9) PRESENT POSTOFFICE OF FATHER

McCallister

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Georgia

(13) OCCUPATION

Printer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Lutie Newby

(15) PRESENT POSTOFFICE OF MOTHER

McCallister

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

G. C.

(19) OCCUPATION

housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Georgia Isamith

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

W. C. Corner, S. C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

March 1914

(28)

J. B. Lawrence

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.