

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Laurens  
Township of Laurens  
or  
Inc. Town of .....

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

File No.—For State Registrar Only  
**90511**

Registration District No. 2801 Registered No. 107  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? single (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Dec 23, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Wardlaw Witherspoon  
(9) PRESENT POSTOFFICE OF FATHER Laurens Co S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19  
(12) BIRTHPLACE Laurens Co S.C.  
(13) OCCUPATION Tramway  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Annie Dunlop  
(15) PRESENT POSTOFFICE OF MOTHER Laurens Co S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17  
(18) BIRTHPLACE Laurens Co 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 Born alive at 8 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Palmer Bell  
(24) State whether Physician or Midwife Midwife and Address of Physician or Midwife Laurens S.C.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 17, 1917 (28) W.H. Driffin 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.

