

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.

(1) PLACE OF BIRTH

County of

Township of

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

72851

Registration District No. 2106

Registered No. 018
(For use of Local Registrar)(2) Full Name of Child Eleash Small

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

(3) SEX OR
MARRIAGE(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
parents
married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME(14) NAME BEFORE
MARRIAGE(9) PRESENT
POSTOFFICE
OF FATHER(15) PRESENT
POSTOFFICE
OF MOTHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Peggy Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 5 1916(28) A. H. Lachinotte
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.