

MARKING IS 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.

**CERTIFICATE OF BIRTH**

(1) PLACE OF BIRTH  
 County of Juniata STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**64449**

Township of .....  
 or  
 Inc. Town of ..... Registration District No. 22 A Registered No. 253  
 or  
 City of Juniata (No. 304 Swiss Ave) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward

(2) Full Name of Child Just Samuel } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>6 7 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME		(14) NAME BEFORE MARRIAGE <u>Piggie Knapp</u>		
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>18</u>	
(12) BIRTHPLACE		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION		(19) OCCUPATION <u>Domestic</u>		
(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 at City 2 A M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife City

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 June 7 1916 (28) [Signature] 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.