

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 Chesapeake
 Township of York
 or
 Inc. Town of Registration District No. 1206 Registered No. 23
 or
 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) ~~NOT OR~~ GIRL? (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1914
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ollie B. Blakey
 (9) PRESENT POSTOFFICE OF FATHER Regelard, S.C.
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE W.D. S. S. S.
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sue Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Regelard, S.C.
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE W.D. S. S. S.
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was black at 12:00 P.M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William B. Blakey
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Regelard, S.C.

Given name added from a supplemental report

(26) Witness William B. Blakey
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/4 1914 (28) W. B. Blakey 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.

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