

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, S. C.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>76386</b>	
County of <u>Cherokee</u> Township of <u>Old Fort</u> or Inc. Town of ..... or City of .....		Registration District No. <u>1206</u> (No. .... St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registered No. <u>874</u> (For use of Local Registrar)	
(2) Full Name of Child					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
	To be answered only in event of Twins or Triplets	<u>2nd</u>	<u>Yes</u>	<u>Sept 3, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME			(14) NAME BEFORE MARRIAGE		
<u>Austin Lockart</u>			<u>Allice Mully</u>		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER		
<u>Jefferson SC</u>			<u>Jefferson SC</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE
<u>B</u>	<u>29</u> (Years)	<u>Old Fort</u>	<u>B</u>	<u>25</u> (Years)	<u>Old Fort</u>
(13) OCCUPATION			(19) OCCUPATION		
<u>Farming</u>			<u>House wife</u>		
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth		
<u>2nd</u>			<u>2nd</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8:30 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature)		(24) State whether Physician or Midwife			
<u>Delina Kate</u>		<u>Mid wife</u>			
(25) Address of Physician or Midwife					
<u>Tag Island SC</u>					
Given name added from a supplemental report ..... ..... 19 ..... Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>9/20</u> - 19 <u>16</u> (28) <u>T. E. Cat</u> 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.					