

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 Lee  
 Township of Cypress  
 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

90702

Registration District No. 3001 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)  
 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 Walter DuBoze } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1, 1916  
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ernie DuBoze

(14) NAME BEFORE MARRIAGE Meriah Bourgate

(9) PRESENT POSTOFFICE OF FATHER Bishopville

(15) PRESENT POSTOFFICE OF MOTHER Bishopville

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Years)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Darlington

(18) BIRTHPLACE Darlington

(13) OCCUPATION Farming

(19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth { 1 }

(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 alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine J. Jones

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

Given name added from a supplemental report

(26) Witness D. DuBoze  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12-4-1916 (28) Walter DuBoze 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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