

THIS WILL BE
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 2.
H. H. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Georgetown
Township of Andrews
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
42893

Registration District No. 2103 Registered No. 88
(For use of Local Registrar)

(2) Full Name of Child Bernice English West

St.; Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin twins or Triplet? (5) Number in order of birth 2
Is he supposed only in case of twins or triplets.

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 29
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Andrew Jackson West

(9) PRESENT POSTOFFICE OF FATHER Andrew

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Ga.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 6

MOTHER
(14) NAME BEFORE MARRIAGE Ruth Etta B. B. B.

(15) PRESENT POSTOFFICE OF MOTHER Andrew S. B.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Miss

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report
..... 181.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) File No. Jan 5 181 6 (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.

Registrar [Signature] Local Registrar [Signature]
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