

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 Greenwood S.C.  
 Township of Greenwood  
 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

19384

Registration District No. 23 Registered No. 17  
 (For use of Local Registrar)  
 St.; ..... Ward)

(2) Full Name of Child Rachel Marie

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Sum</u> <small>Is he assumed only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 27</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Mmes</u>			(14) NAME BEFORE MARRIAGE <u>Bessie McIntosh</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>		
(12) BIRTHPLACE <u>Greenwood S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>		
(13) OCCUPATION <u>Household of farm hand</u>			(18) BIRTHPLACE <u>Greenwood S.C.</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(19) OCCUPATION <u>Household of farm hand</u>	
			(21) Number of children of this mother now living, including present birth <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. B. Bandy  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenwood S.C.

Given name added from a supplemental report

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

Registrar

(27) Filed March 10 1936 (28) L. R. Bandy  
 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.

IF A CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN BEFORE THE FIFTH MONTH OF PREGNANCY.