

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 AikenTownship of Richmond

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

75413

Registration District No. 201Registered No. 11

(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 Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 29, 1916

(Name of Month) (Day) (Year)

(8) FULL NAME W. F. Youngblood(14) NAME BEFORE MARRIAGE Mathe Goss(9) PRESENT POSTOFFICE OF FATHER Richings Mill(15) PRESENT POSTOFFICE OF MOTHER Richings Mill(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 36

(Years)

(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE Aiken Co(18) BIRTHPLACE Aiken Co(13) OCCUPATION Farmer(19) OCCUPATION House wife(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. W. W. W. W. W.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-31-1916(28) 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.