

FORM NO. 6

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.

(1) PLACE OF BIRTH

County of

Greenwood

Township of

96

or
Inc. Town ofor
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

77404

Registration District No.

2310

Registered No.

70

(For use of Local Registrar)

St.: Ward:

(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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

APR 8 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mat Ligon

(9) PRESENT POSTOFFICE OF FATHER

96. SC

(10) COLOR OR RACE

BLK

(11) AGE AT LAST BIRTHDAY

40 (Years)

(12) BIRTHPLACE

Greenwood Co

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Valentine

(15) PRESENT POSTOFFICE OF MOTHER

96. SC

(16) COLOR OR RACE

BLK

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Greenwood Co

(19) OCCUPATION

Farmer

(20) 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 born at on the date above stated.

born at 9:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. D. Howard, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

96. SC

Given name added from a supplemental report

(26) Witness

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

J. M. S. James, Registrar

(27) Filed

1916

(28)

J. M. S. James, 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.

before the fifth month of pregnancy.