

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
 FIRST-BORN OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Breunille

Township of

or
Inc. Town of

or
City of Breunille

(If birth occurs in a hospital or

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

File No. — For State Registrar Only
56001

(2) Full Name of Child. Not named .. } If child is not yet named, make supplemental report as directed

(4) BOY OR GIRL? <i>Boy</i>		(5) Twin or Triplet?		(6) Number in order of birth		(6) Are Parents Married? <i>Yes</i>		(7) DATE OF BIRTH <i>Feb 22</i>		(8) (Name of Month) (Day) (Year)	
To be answered only in event of Twins or Triplets											
FATHER.						MOTHER.					
(8) FULL NAME <i>J. D. Walker</i>						(14) NAME BEFORE MARRIAGE <i>Williams</i>					
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville</i>						(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville</i>					
(10) COLOR OR RACE <i>W</i>			(11) AGE AT LAST BIRTHDAY <i>27</i>			(16) COLOR OR RACE <i>W</i>			(17) AGE AT LAST BIRTHDAY <i>27</i>		
			(Years)						(Years)		
(12) BIRTHPLACE <i>S.C.</i>						(18) BIRTHPLACE <i>S.C.</i>					
(13) OCCUPATION <i>Mrs. Hunt</i>						(19) OCCUPATION <i>H. wife</i>					
(20) Number of children born to mother, including present birth <i>3</i>						(21) Number of children of this mother now living, including present birth <i>2</i>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(25) (Signature) *[Signature]*

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

Given name added from a supplement-
al report

....., 191.....

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Registrar

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

(27) Filed May 11 1916 (28) C. E. Smith
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.

McCaw,

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