

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.

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Hunt

or
Inc. Town of

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

75273

Registration District No. 4407 Registered No. 98

(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? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 13, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME
Benjamin Linn

(9) PRESENT POSTOFFICE OF FATHER
York no 1

(10) COLOR OR RACE
black
(11) AGE AT LAST BIRTHDAY
(Years) 32

(12) BIRTHPLACE
York Co

(13) OCCUPATION
farming

(20) Number of children born to mother, including present birth
2

MOTHER.

(14) NAME BEFORE MARRIAGE
Amanda Brown

(15) PRESENT POSTOFFICE OF MOTHER
York Co

(16) COLOR OR RACE
black
(17) AGE AT LAST BIRTHDAY
(Years) 27

(18) BIRTHPLACE
York Co

(19) OCCUPATION
farming

(21) Number of children of this mother now living, including present birth
2

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.)

(23) (Signature) Mary Brown

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

mid wife

York #1

Given name added from a supplemental report

..... 191.....

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Registrar

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

(27) Filed Aug 14 1916 (28) J. E. Brown
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.