

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
 or
 City of (No. St.; Ward)
 (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)
 (If child is not yet named, make supplemental report as directed)

(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? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 13, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Benjamin E. Inman</u>	(14) NAME BEFORE MARRIAGE <u>Amanda Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>York no 1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York Co</u>	(16) COLOR OR RACE <u>black</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years) <u>32</u>	(12) BIRTHPLACE <u>York Co</u>	(13) OCCUPATION <u>farming</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>27</u>
(12) BIRTHPLACE	(13) OCCUPATION	(18) BIRTHPLACE <u>York Co</u>	(19) OCCUPATION <u>farming</u>	(20) Number of children born to mother, including present birth <u>2</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

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 mid wife (25) Address of Physician or Midwife York #1

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 14 1916 (28) J. E. Gibson 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.