

N. B. McCaw, of Columbia, S. C. — 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 8.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
46394

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of Palmetto  
 or  
 City of \_\_\_\_\_  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 12.209 Registered No. 40  
 (For use of Local Registrar)  
 (No. 150 H.H.) St.; \_\_\_\_\_ Ward)

(2) Full Name of Child Edward Marshall McColl If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Y  
 (7) DATE OF BIRTH Jan. 24, 1916  
(To be answered only in case of Twins or Triplets) (Specify of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Arthur Hamilton McColl  
 (9) PRESENT POSTOFFICE OF FATHER 150 Palmetto Greenville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Mill Operator  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rose Lee McColl  
 (15) PRESENT POSTOFFICE OF MOTHER 150 Palmetto Greenville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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 born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife physician (25) Address of Physician or Midwife Greenville S.C.

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 Feb. 3, 1916. (28) [Signature] 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.  
 \_\_\_\_\_ Registrar \_\_\_\_\_ Local Registrar

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McCaw