

FORM NO. 4 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

McCaw, of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Union

Township of Union

Inc. Town of Elbera

City of Elbera

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

File No. — For State Registrar Only  
**87736**

Registration District No. 4207 Registered No. 109  
(For use of Local Registrar)

St.        Ward         
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?   X  

(4) Twin or Triplet?   X    
To be answered only in case of Twins or Triplets

(5) Number in order of birth   X  

(6) Are Parents Married?   Yes  

(7) DATE OF BIRTH Nov 11 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeff Wilson

(9) PRESENT POSTOFFICE OF FATHER Union Sp

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Cherokee Co Sp

(13) OCCUPATION Mechanic

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

MOTHER.

(14) NAME BEFORE MARRIAGE Letha Gregory

(15) PRESENT POSTOFFICE OF MOTHER Union Sp

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Union Co Sp

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 9 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. H. Helt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union Sp

Given name added from a supplemental report

191  6  

Registrar

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

(27) Filed Nov 15 1916 (28) J. G. Sarrott 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.