

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Kathoun
Township of Amelia
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

75908

Registration District No. 506 Registered No. 121
(For use of Local Registrar)

(No. 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 Charlotte Bryant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Bryant
(9) PRESENT POSTOFFICE OF FATHER St. Matthews Sc
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Form Laborer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jenkins
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews Sc
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Form Laborer
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Jones
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews Sc

Given name added from a supplemental report

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

(27) Filed Sept 15 1916 (28) AR Able 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.