

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.

(1) PLACE OF BIRTH

County of AikenTownship of WedgeInc. 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

75426

Registration District No. 204 Registered No. 50
(For use of Local Registrar)(2) Full Name of Child Mrs. Whitener { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin <u>Yes</u> or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 24, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jun Whitener

(9) PRESENT POSTOFFICE OF FATHER Warrenville

(10) COLOR OR RACE White (ii) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Aiken Co

(13) OCCUPATION Shoe Leek

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mamma William

(15) PRESENT POSTOFFICE OF MOTHER _____

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ 3 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Grantville

Given name added from a supplemental report

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Registrar

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

(27) Filed Sept 11, 1916 (28) H. H. Wood
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.