

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 8.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Mayville
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74881

Registration District No. X102 Registered No. 82
(For use of Local Registrar)

City of (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 Gaston Ed White If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Aug 10, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Edward White
(9) PRESENT POSTOFFICE OF FATHER Mayville S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mollie Parker
(15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aida Howell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. F. Mayville

Given name added from a supplemental report

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

(27) Filed Aug 12, 1916 (28) W. F. Mayville 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.