

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.  
 McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of

*Edgefield*

Township of

*Edwards*

or

Inc. Town of

or

City of

(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

72515

Registration District No. *1802* Registered No. *53*

(For use of Local Registrar)

(2) Full Name of Child *John Henry Bay* { 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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*Aug. 31, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*John Henry Bay*

(9) PRESENT POSTOFFICE OF FATHER

*Edgefield, S.C.*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*25*  
(Years)

(12) BIRTHPLACE

*Edgefield, S.C.*

(13) OCCUPATION

*Farmer*

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

*Two*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Selma Kyles*

(15) PRESENT POSTOFFICE OF MOTHER

*Edgefield, S.C.*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*23*  
(Years)

(18) BIRTHPLACE

*Edgefield, S.C.*

(19) OCCUPATION

*Housewife*

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

*Two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

*Millic Holloway, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Edgefield, 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

*Oct 7, 1916*

(28)

*H. H. Marks*

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.