

MARGIN RESERVED FOR BINDING.

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 Berkley  
Township of St. Johns  
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  
**75847**

Registration District No. 7043 Registered No. 86  
(For use of Local Registrar)

(2) Full Name of Child Ellen F. England (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? G (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 5, 1916  
To be answered only in event of Twins or Triplets If child is not yet named, make supplemental report as directed  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Peter England  
(9) PRESENT POSTOFFICE OF FATHER Monck's corner S  
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 32  
(12) BIRTHPLACE Sb (Years)  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Isabelle Harris  
(15) PRESENT POSTOFFICE OF MOTHER Monck's corner Sb  
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 23  
(18) BIRTHPLACE Sb (Years)  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) Sarah F. England  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Monck's corner Sb

Given name added from a supplemental report  
.....  
..... 19 .....

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

(27) Filed Sept 5, 1916 (28) J. L. Leain 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.