

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, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Shirlington

Township of .....

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

73776

Registration District No. 3105Registered No. 70

(For use of Local Registrar)

## (2) Full Name of Child

Henry Sanders

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

one

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH July 23 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry English

(9) PRESENT POSTOFFICE OF FATHER

Chenbrookland

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

38  
(Years)

(12) BIRTHPLACE

E. a. Martin

(13) OCCUPATION

Preb

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

16

## MOTHER.

(14) NAME BEFORE MARRIAGE

E. a. Butler

(15) PRESENT POSTOFFICE OF MOTHER

Chenbrookland

(16) COLOR OR RACE

color

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 7 A. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sallie Jones

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/11 1916 (28) J. C. Howard  
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.