

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 Newberry
 Township of _____
 or
 Inc. Town of Whitmore
 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
49943

Registration District No. 3407 Registered No. 115
 (For use of Local Registrar)

(2) Full Name of Child Viola Ivy } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 12 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Hays Ivy
 (9) PRESENT POSTOFFICE OF FATHER Whitmore, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Union Co., S.C.
 (13) OCCUPATION Mill Work (Cotton)
 (20) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosa Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Whitmore, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Sa.
 (19) OCCUPATION Domestic
 (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 Alive, at Three A.M., on the date above stated. (Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) B. I. Berry
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Whitmore, 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 Feb. 14 1916 (28) H.C. Fran 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.

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