

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 1.  
 McCaw, of Columbia.

**(1) PLACE OF BIRTH**  
 County of Wm.burg  
 Township of Mussegans  
 or  
 Inc. Town of ..... Registration District No. 430C Registered No. 97  
 or  
 City of ..... (No. .... St.: ..... Ward)  
 (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  
87844

**(2) Full Name of Child.** Mary Ann Burrows } If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL?** Girl (4) **Twins or Triplet?** ..... (5) **Number in order of birth** 2 (6) **Are Parents Married?** yes (7) **DATE OF BIRTH** Nov 1, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) **FULL NAME** Cleveland Burrows  
 (9) **PRESENT POSTOFFICE OF FATHER** Cades  
 (10) **COLOR OR RACE** Negro (11) **AGE AT LAST BIRTHDAY** 23 (Years)  
 (12) **BIRTHPLACE** Wm.burg  
 (13) **OCCUPATION** Hammering  
 (20) **Number of children born to mother, including present birth** } two

**MOTHER.**  
 (14) **NAME BEFORE MARRIAGE** Ola Maysel  
 (15) **PRESENT POSTOFFICE OF MOTHER** Cades  
 (16) **COLOR OR RACE** Negro (17) **AGE AT LAST BIRTHDAY** 24 (Years)  
 (18) **BIRTHPLACE** Wm.burg  
 (19) **OCCUPATION** .....  
 (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 4:30 C. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Cleveland Burrows  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Midwife | Cades S C

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness R C McCaw  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 8, 1916 (28) J. T. Harrison 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.