

MARGIN RESERVED FOR ENDING.  
 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                                                                                                                                                                                 |                                                                                                   | CERTIFICATE OF BIRTH                                                                                                         |                                                | File No.—For State Registrar Only                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| County of <u>Wm.burg</u>                                                                                                                                                                           |                                                                                                   | STATE OF SOUTH CAROLINA.                                                                                                     |                                                | 87844                                                                                                 |  |
| Township of <u>Muskegon</u>                                                                                                                                                                        |                                                                                                   | Bureau of Vital Statistics                                                                                                   |                                                |                                                                                                       |  |
| or<br>Inc. Town of .....                                                                                                                                                                           |                                                                                                   | State Board of Health                                                                                                        |                                                |                                                                                                       |  |
| or<br>City of .....                                                                                                                                                                                |                                                                                                   | Registration District No. <u>4306</u>                                                                                        |                                                | Registered No. <u>97</u>                                                                              |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)                                                                                              |                                                                                                   | (No. .... St.: .... Ward)                                                                                                    |                                                | (For use of Local Registrar)                                                                          |  |
| (2) Full Name of Child. <u>Mary Ann Burrows</u> } If child is not yet named, make supplemental report as directed                                                                                  |                                                                                                   |                                                                                                                              |                                                |                                                                                                       |  |
| (3) BOY OR GIRL? <u>Girl</u>                                                                                                                                                                       | (4) Twin or Triplet? <u>No</u><br><small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth <u>2</u>                                                                                        | (6) Are Parents Married? <u>yes</u>            | (7) DATE OF BIRTH <u>Nov</u> , <u>1</u> , 191 <u>6</u><br><small>(Name of Month) (Day) (Year)</small> |  |
| FATHER.                                                                                                                                                                                            |                                                                                                   |                                                                                                                              | MOTHER.                                        |                                                                                                       |  |
| (8) FULL NAME <u>Cleveland Burrows</u>                                                                                                                                                             |                                                                                                   |                                                                                                                              | (14) NAME BEFORE MARRIAGE <u>Ola Mayger</u>    |                                                                                                       |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Cades</u>                                                                                                                                                      |                                                                                                   |                                                                                                                              | (15) PRESENT POSTOFFICE OF MOTHER <u>Cades</u> |                                                                                                       |  |
| (10) COLOR OR RACE <u>Negro</u>                                                                                                                                                                    | (11) AGE AT LAST BIRTHDAY <u>23</u><br><small>(Years)</small>                                     | (16) COLOR OR RACE <u>Negro</u>                                                                                              |                                                | (17) AGE AT LAST BIRTHDAY <u>24</u><br><small>(Years)</small>                                         |  |
| (12) BIRTHPLACE <u>Wm.burg</u>                                                                                                                                                                     |                                                                                                   | (18) BIRTHPLACE <u>Wm.burg</u>                                                                                               |                                                |                                                                                                       |  |
| (13) OCCUPATION <u>Hammering</u>                                                                                                                                                                   |                                                                                                   | (19) OCCUPATION                                                                                                              |                                                |                                                                                                       |  |
| (20) Number of children born to mother, including present birth <u>Two</u>                                                                                                                         |                                                                                                   | (21) Number of children of this mother now living, including present birth <u>Two</u>                                        |                                                |                                                                                                       |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*                                                                                                                                                     |                                                                                                   |                                                                                                                              |                                                |                                                                                                       |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4:30 P.M.</u> on the date above stated.<br><small>(Born alive or stillborn) (Hour A. M. or P. M.)</small> |                                                                                                   |                                                                                                                              |                                                |                                                                                                       |  |
| (23) (Signature) <u>Mary Ann Burrows</u>                                                                                                                                                           |                                                                                                   | (24) State whether Physician or Midwife <u>Midwife</u>                                                                       |                                                |                                                                                                       |  |
| (25) Address of Physician or Midwife <u>Cades S.C.</u>                                                                                                                                             |                                                                                                   |                                                                                                                              |                                                |                                                                                                       |  |
| Given name added from a supplemental report                                                                                                                                                        |                                                                                                   | (26) Witness <u>R. C. McCalum</u><br><small>(Signature of Witness necessary only when question 23 is signed by mark)</small> |                                                |                                                                                                       |  |
| ..... 191.....                                                                                                                                                                                     |                                                                                                   | (27) Filed <u>Nov 8, 1916</u> (28) <u>J. T. Harrison</u><br><small>Registrar Local Registrar</small>                         |                                                |                                                                                                       |  |

\*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.