

McCaw, McNew, of Columbia, S. C., 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.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Providence  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.: ..... Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**44799**

(2) Full Name of Child Annie Council } 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 yes Parents Married? ..... (7) DATE OF BIRTH Dec. 1 1915  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert Council  
 (9) PRESENT POSTOFFICE OF FATHER Providence, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Astee Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Providence, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Selle Ann Grant  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence S.C.

Given name added from a supplemental report ..... 101.....  
 Registrar

(26) Witness Mrs. E. W. Burkette  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 4 1915 (28) H. M. Laughlin  
 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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