

MARGIN RESERVED FOR INDEXING.
WHEN 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 5.
McCauley, of Columbia

(1) PLACE OF BIRTH

County of Dillon
Township of Kirk
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
51958

Registration District No. 1604 Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child Maglene Gaddy
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 18, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME unknown
(9) PRESENT POSTOFFICE OF FATHER X
(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE X
(13) OCCUPATION X
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE May Gaddy
(15) PRESENT POSTOFFICE OF MOTHER Latta P. R. #2
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Farm hand
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kate Lewis (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Latta P. R. #2

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 March 18, 1914 (28) J. R. Smith 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.