

WRITE 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of AdrianTownship of Shermansville

or

Inc. Town of

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

75414

Registration District No. 201Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of birth X(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 30 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charley Jackson

(9) PRESENT POSTOFFICE OF FATHER

Wagner S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

{ 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Jane Garrison

(15) PRESENT POSTOFFICE OF MOTHER

Wagner S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 born alive 10:30 A.M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) M. A. Whitlock, M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Hitchings Mills, S.C.

Given name added from a supplemental report

..... 191....

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Oct 6 1916

(28)

W. B. M. M. M.

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.