

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia

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

File No.—For State Registrar Only
45617

(1) PLACE OF BIRTH
 County of Cherokee
 Township of 11
 or
 Inc. Town of 1
 or
 City of 1
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. PA Registered No. 4
 (No. 82 Common St.; Ward)

(2) Full Name of Child Ruth A. Logan 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> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1st 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Clyde Sidney Logan</u>		(14) NAME BEFORE MARRIAGE <u>Ethel Boyd</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>North Alexander Ala</u>		(18) BIRTHPLACE <u>Ormond Ala</u>		
(13) OCCUPATION <u>Railroad employe</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee

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

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

(27) Filed 1/4 1916 (28)
 Registrar 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.

†a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.