

MARGIN RESERVED FOR BINDING.

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 75277	
County of <i>York</i> Township of <i>Hamlet</i> Inc. Town of City of				Registration District No. <i>4407</i> Registered No. <i>103</i> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Elizabeth Lora Barrett</i>					
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
	To be answered only in event of Twins or Triplets	<i>2</i>	<i>yes</i>	<i>As 2, 1906</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Leason Barrett</i>			(14) NAME BEFORE MARRIAGE <i>Lula Stewart</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Clower SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Clower SC</i>		
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY	<i>29</i>	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY	<i>22</i>
		(Years)			(Years)
(12) BIRTHPLACE <i>York Co</i>			(18) BIRTHPLACE <i>York Co</i>		
(13) OCCUPATION <i>mill work</i>			(19) OCCUPATION <i>housekeeper</i>		
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born</i> at <i>11 P. M.</i> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>M. B. Hill</i>			(25) Address of Physician or Midwife <i>Clower SC</i>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report 19 Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <i>Oct 2 1906</i> (28) <i>J. E. Bickson</i> 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.					