

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74926

County of *Sumter*

Township of *Waffling Creek*

or  
Inc. Town of

Registration District No. *410's*

Registered No. *96*

(For use of Local Registrar)

City of

(No. .... St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lottie Olden*

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 26, 1916</i>
To be answered only in case of Twins or Triplets			(Name of Month)	(Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *David Knaw*

(14) NAME BEFORE MARRIAGE *Julia Olden*

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER *Hayood Sc*

(10) COLOR OR RACE *✓* (11) AGE AT LAST BIRTHDAY *✓* (Years)

(16) COLOR OR RACE *Wyn* (17) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *✓*

(18) BIRTHPLACE *Sumter Co*

(13) OCCUPATION *✓*

(19) OCCUPATION *Field Laborer*

(20) Number of children born to mother, including present birth { *2* }

(21) Number of children of this mother now living, including present birth { *2* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *E. Miline T. James*

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

*Midwife Hayood Sc*

Given name added from a supplemental report

(26) Witness *A. C. Haller* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug 28 1916* (28) *A. C. Haller* 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.