

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 County of <u>Marlboro</u> Township of <u>Bennettsville</u> OR Inc. Town of ..... OR City of .....		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>73917</b>	
		Registration District No. <u>3301</u>		Registered No. <u>1512</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Evelyn Bostie</u>		(No. .... St.; .... Ward)		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 13<sup>th</sup> 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Frank Bostie</u> (9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville SC</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>19</u> (Years) (12) BIRTHPLACE <u>Marlboro Co SC</u> (13) OCCUPATION <u>Farm Laborer</u> (20) Number of children born to mother, including present birth <u>One</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Carrie Bostie</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville SC</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years) (18) BIRTHPLACE <u>Marlboro Co SC</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>One</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Alan</u> at <u>12<sup>00</sup></u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Millie Kelly</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Bennettsville SC</u> 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 <u>Aug 19<sup>th</sup> 1916</u> (28) <u>W. W. Tate</u> 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.					