

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 *Marlboro*  
Township of *Bennettsville*  
OR  
Inc. Town of.....  
OR  
City of .....

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

File No.—For State Registrar Only  
**73917**

Registration District No. *3301* Registered No. *1512*  
(For use of Local Registrar)  
(No. .... St.; ..... Ward)

(2) Full Name of Child *Evelyn Bostie* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 13 1916*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *Frank Bostie*  
(9) PRESENT POSTOFFICE OF FATHER *Bennettsville SC*  
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *19*  
(Years)  
(12) BIRTHPLACE *Marlboro Co SC*  
(13) OCCUPATION *Farm Laborer*  
(20) Number of children born to mother, including present birth *One*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Carrie Bostie*  
(15) PRESENT POSTOFFICE OF MOTHER *Bennettsville SC*  
(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *18*  
(Years)  
(18) BIRTHPLACE *Marlboro Co SC*  
(19) OCCUPATION *Housewife*  
(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was *Alan* at *12:00* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Millie Kelly*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Bennettsville SC*

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Aug 19 1916* (28) *W W Tate* 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.