

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, S. C.

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

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

File No.—For State Registrar Only  
**73933**

Registration District No. 3304 Registered No. 147  
 (For use of Local Registrar)

No. .... St.; ..... Ward

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

(3) BOY OR GIRL <u>Boy</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>no</u>	(7) DATE OF BIRTH <u>Aug 30, 1916</u> (Name of month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Eranda McCall</u>			(14) NAME BEFORE MARRIAGE <u>Hiland Spears</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Plio St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Plio St</u>	
(10) COLOR OR RACE <u>colord</u>	(11) AGE AT LAST BIRTHDAY <u>74</u> (Years)	(16) COLOR OR RACE <u>colord</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Marlboro</u>			(18) BIRTHPLACE <u>Marlboro</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Labourer</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 9.9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Risa Logsdon  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Plio St

Given name added from a supplemental report

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

(27) Filed Sept 5, 1916 (28) W. M. Woodley 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.