

FORM NO. 6 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 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Fairfield Co*
Township of *X 9*
or
Inc. Town of
or
City of

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
72631

Registration District No. *1908* Registered No. *66*
(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 *Not Named* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *Two* (5) Number in order of birth *Two* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 30*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *John Nelson*
(9) PRESENT POSTOFFICE OF FATHER *Rockton SC*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38* (Years)
(12) BIRTHPLACE *Fairfield Co*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth { *two*

MOTHER.
(14) NAME BEFORE MARRIAGE *Mar Smith*
(15) PRESENT POSTOFFICE OF MOTHER *Rockton SC*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *38* (Years)
(18) BIRTHPLACE *Fairfield Co*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth { *two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5:30* A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. E. Douglas M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Columbus*

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sept 7 1916* (28) *W. R. Puff* 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.