

Form No. 10.

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.

City of Columbia.

(1) PLACE OF BIRTH

County of *Calhoun*Township of *Caw. Caw.*OF
Inc. Town of
or

City of

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

(2) Full Name of Child *John D. McEver Jr.*

File No.—For State Registrar Only

80433

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *801* Registered No. *82*

(For use of Local Registrar)

St.: Ward

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth *3*(6) Are *yes* Parents Married?(7) DATE OF BIRTH *Aug 6* 19*16*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John D. McEver*(9) PRESENT POSTOFFICE OF FATHER *St Matthews*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *29* (Years)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Three*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Hammond*(15) PRESENT POSTOFFICE OF MOTHER *St Matthews*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Housework*(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 *1* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. P. M.)(23) (Signature) *J. H. Dreher M.D.*

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed *Aug 14 1916*(28) *J. H. Dreher M.D.* 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.

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