

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

McCaig, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of AikenTownship of Irregularor Town of Irregularor City of Irregular

(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

75403

Registration District No. 2-8 Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Alida Pauline Glover { If child not yet named, make supplement report as directed(3) ~~BOY OR~~
GIRL?(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets.

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE

BIRTH 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 53
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 41
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alida, at 7:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Pearson, M.D.

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

Physician Columbia, S.C.Given name added from a supplement
reportHub. 24, 1916C. W. Wheeler

Registrar

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Oct 17th 1916 (28) W. R. Turnbull, Esq., 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.