

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 D. C. Boone

Township of Center

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

74069

Registration District No. 3540 Registered No. 132  
(For use of Local Registrar)

(2) Full Name of Child Etta Simpson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</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>yes</u>	(7) DATE OF BIRTH <u>May 26, 1916</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	--	--

FATHER.

(8) FULL NAME Bert L. Simpson

(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Tribble

(15) PRESENT POSTOFFICE OF MOTHER Westminster S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31  
(Years)

(18) BIRTHPLACE Boone Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Ladd

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

Midwife Seneca S.C.

Given name added from a supplemental report

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

(27) Filed Aug. 1 & 1916 (28) C. H. Cole 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.