

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia

(1) PLACE OF BIRTH

County of Sanfield

Township of

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.)

(2) Full Name of Child

(3) SEX OR
GENDER
Male

(4) Twin
or Triplet? Twin
To be answered only in case of twins or triplets

(5) Number in
order of birth
#1

(6) Are
Parents
Married? Yes

(7) DATE OF
BIRTH June 13, 1913
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME Wm. L. Lister

(9) PRESENT
POSTOFFICE
OF FATHER Windsor, S.C.

(10) COLOR
OR
RACE Negro

(11) AGE AT LAST
BIRTHDAY 52
(Years)

(12) BIRTHPLACE
Sanfield Co

(13) OCCUPATION
Farm Hand

(20) Number of children born to
mother, including present birth 3

MOTHER

(14) NAME BEFORE
MARRIAGE Rebecca Young

(15) PRESENT
POSTOFFICE
OF MOTHER Windsor, S.C.

(16) COLOR
OR
RACE Negro

(17) AGE AT LAST
BIRTHDAY 43
(Years)

(18) BIRTHPLACE
Sanfield Co

(19) OCCUPATION
Farm Hand

(21) Number of children of this mother
now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James A. Young, M.D.

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

Given name added from a supplement-
tal report

..... 191.....

Registrar

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

(27) Filed June 14, 1913 (28) J. M. M. Mastin
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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