

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.

## (1) PLACE OF BIRTH

County of *Union*Township of *Loshorn Hill*or  
Inc. Town of .....City of ..... (No. .... St.; ..... Ward)  
(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

74004

Registration District No. *2107* Registered No. *185*

(For use of Local Registrar)

(2) Full Name of Child *Paul Rochester* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <i>8</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 30, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <i>Richard Lenden Rochester</i>	(14) NAME BEFORE MARRIAGE <i>Fallie Crocker</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Whitnair, S.C., R.R. #2</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Whitnair, S.C., R.R. #2</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>34</i> <small>(Years)</small>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>35</i> <small>(Years)</small>
(12) BIRTHPLACE <i>Union Co., S.C.</i>	(18) BIRTHPLACE <i>Union Co., S.C.</i>	(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>8</i>	(21) Number of children of this mother now living, including present birth <i>8</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *3:30 A.* A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *B. H. Perry, M.D.*

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

*Physician Whitnair, 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 *Sept 9, 1916* (28) *J. W. White*  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.