

MARGIN RESERVED FOR FILING.
 WHEN FILLING IN, WITH UNFADING INK—THIS IS A PREPARED BLANK FOR EACH CHILD. TO MARK THE
 U. S.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. TO MARK THE
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley, of Columbia

(1) PLACE OF BIRTH
 County of Abbeville
 Township of One West
 Inc. Town of
 City of (No.) (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
45129

Registration District No. 104 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child Tradin Black { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan 12 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Do Little Black</u>			(14) NAME BEFORE MARRIAGE <u>Jennie Lou Calhoun</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Haven Path S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Haven Path S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>L.C.</u>			(18) BIRTHPLACE <u>Abb. Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Fireman</u>	
(20) Number of children born to mother, including present birth			(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 Born alive at 9:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. H. T. Brown

(24) State whether Physician or Midwife Uncle

(25) Address of Physician or Midwife Haven Path S.C. A.F.D.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Jan 20 6 191..... (28) J. C. Tribble, Jr. 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.