

FORM NO. 1
 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFAADING 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.

W. I. McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 71947
County of <i>C. Chester</i>		Township of		Registered No. <i>81</i> (For use of Local Registrar)
or Inc. Town of		or Registration District No. <i>11 C.</i>		
City of <i>C. Chester</i>		(No.) St.; Ward		
(2) Full Name of Child <i>Ruby Lee McGowan</i>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.) If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 23, 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <i>White Mill McGowan</i>		(14) NAME BEFORE MARRIAGE <i>Mary Elsie Creative</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Chester SC</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Chester, SC</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> <small>(Years)</small>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> <small>(Years)</small>	(18) BIRTHPLACE <i>Chester, S.C.</i>
(12) BIRTHPLACE <i>Chester Co.</i>		(19) OCCUPATION <i>Domestic</i>		
(13) OCCUPATION <i>Mill Employee</i>		(21) Number of children of this mother now living, including present birth <i>1</i>		
(20) Number of children born to mother, including present birth <i>1</i>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> , at <i>7:30 P.M.</i> , on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>				
(23) (Signature) <i>Wm. Reed M.D.</i>		(25) Address of Physician or Midwife <i>Chester, S.C.</i>		
(24) State whether Physician or Midwife				
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....		(27) Filed <i>Aug 25 1916</i> (28) <i>Wm. Hancock</i> Local Registrar		
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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