

THIS IS A PERMANENT RECORD.
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.
McCOMB, of Columbia

(1) PLACE OF BIRTH

County of Union

Township of Boysapville

X Loc. Town of Buffalo, S.C.

City of Buffalo, S.C.

(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

79567

Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 29, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Billings

(9) PRESENT POSTOFFICE OF FATHER

Buffalo, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Cotton mill

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

2

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Fletcher

(15) PRESENT POSTOFFICE OF MOTHER

Buffalo, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Domestic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mrs. W. A. Murphy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Buffalo, S.C.

(26) Witness

J. K. Woodward

(27) Filed

Sept 30, 1916

(28)

J. K. Woodward

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.