

McCRAW, of Columbia, FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
 BEARING INSUREVED FOR BINDING.
 WHILE CLAIMING, 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

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Union
 Township of Boysapville
 or
 City of Buffalo, S.C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
79567

Registered No. 67
 (For use of Local Registrar)
 St.; Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel Billings</u>			(14) NAME BEFORE MARRIAGE <u>Lena Fletcher</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>N.C.</u>	
(13) OCCUPATION <u>Cotton mill</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth { <u>2</u>			(21) Number of children of this mother now living, including present birth { <u>2</u>	

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 midwife (25) Address of Physician or Midwife Buffalo, S.C.

(26) Witness J. K. Woodward
 Signature of Witness necessary only when question 23 is signed by mark

(27) Filed Sept 30, 1916 (28) J. K. Woodward
 Registrar 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.