

Form No. 10.

W.R.
N.B.

MARGIN RESERVED FOR PRINTING
 WHITE PLAINLY, WITH LEADING IN—THIS IS A PREPARED FORM
 N. B.—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.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofCity of Greenville

(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

42923

Registration District No. 22 A Registered No. 479

(For use of Local Registrar)

St. 1st Ward2) Full Name of Child Edgar Syracuse McCaw

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 printed only in case of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 25</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Syracuse McCaw</u>			(14) NAME BEFORE MARRIAGE <u>Lottie Erudy</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>75</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Syrria</u>		(17) AGE AT LAST BIRTHDAY <u>75</u> <small>(Years)</small>		
(13) OCCUPATION <u>Caddler</u>		(18) BIRTHPLACE <u>Syrria</u>		
		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(Born alive or stillborn) (Hour 1 A.M. or P.M.)(23) (Signature) Grace Hamilton(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 75 Wynne Alley

Given name added from a supplemental report

191...

Registrar

(26) Witness Grace Hamilton
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Jan 4 1916 (28) C. Smith
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.

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