

WRITE PLAINLY, 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

Form No. 1

(1) PLACE OF BIRTH  
County of Jasper  
Township of Robert  
or  
Inc. Town of .....  
City of .....  
(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  
52671

Registration District No. 2602 Registered No. 24  
(For use of Local Registrar)  
St.; ..... Ward)  
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Essie Orange

(3) <u>BOY OR GIRL?</u>	(4) <u>Twin or Triplet?</u> <small>To be answered only in case of Twins or Triplets</small>	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u> <u>no</u>	(7) <u>DATE OF BIRTH</u> <u>Jan 28 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) <u>FULL NAME</u>			(14) <u>NAME BEFORE MARRIAGE</u> <u>Julia Orange</u>	
(9) <u>PRESENT POSTOFFICE OF FATHER</u>			(15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Marion S.C.</u>	
(10) <u>COLOR OR RACE</u>	(11) <u>AGE AT LAST BIRTHDAY</u> (Years)	(16) <u>COLOR OR RACE</u> <u>Black</u> (17) <u>AGE AT LAST BIRTHDAY</u> (Years) <u>23</u>		
(12) <u>BIRTHPLACE</u>	(18) <u>BIRTHPLACE</u> <u>S.C.</u>			
(13) <u>OCCUPATION</u>	(19) <u>OCCUPATION</u> <u>Farm Work</u>			
(20) <u>Number of children born to mother, including present birth</u> {		(21) <u>Number of children of this mother now living, including present birth</u> {		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Patsy Chugg  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report ..... 191....  
..... Registrar

(26) Witness Jas. C. Richardson  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 29 1916 (28) Jas. C. Richardson 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.