

MARGIN RESERVED FOR BINDING.

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of O.C. Co.  
Township of Center  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
**74071**

Registration District No. 3572. Registered No. 134....  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 1, 1914</u> (Name of Month) (Day) (Year)
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**FATHER.**  
(8) FULL NAME Webster McCauley  
(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.  
(10) COLOR OR RACE Negro  
(11) AGE AT LAST BIRTHDAY 31  
(Years)  
(12) BIRTHPLACE Oconee Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Ella Mae Easle  
(15) PRESENT POSTOFFICE OF MOTHER Westminster S.C.  
(16) COLOR OR RACE Negro  
(17) AGE AT LAST BIRTHDAY 44  
(Years)  
(18) BIRTHPLACE Anderson Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Lula Easle</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Westminster S.C.</u>
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Given name added from a supplemental report

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

(27) Filed Aug. 1914 (28) W. H. Cole 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.