

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.

(1) PLACE OF BIRTH  
 County of Chester  
 Township of Chester  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**76253**

Registration District No. 1102 Registered No. 80  
 (For use of Local Registrar)  
 (2) Full Name of Child James Robert Day { 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 event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 30, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Edgar Lee Day  
 (9) PRESENT POSTOFFICE OF FATHER Chester, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Caldwell Co. N. C.  
 (13) OCCUPATION Loom fixer  
 (20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Coralee Ramsey  
 (15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE North Carolina  
 (19) OCCUPATION Housework mill work  
 (21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Wyke

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Chester, S.C.

Given name added from a supplemental report

..... 191....

Registrar

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

(27) Filed Oct 1-1916 (28) James H. H. H. 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.