

FORM NO. 6  
MARGIN RESERVED FOR BINDING.  
WHITE 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 Summerville  
Township of Summerville  
or  
Inc. Town of Summerville  
or  
City of Summerville  
(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  
**77311**

Registration District No. 2209 Registered No. 466  
(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>M.</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 28 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME OF FATHER <u>J. F. Moders</u>		(14) NAME BEFORE MARRIAGE <u>James F. Moders</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville S.C.</u>		
(10) COLOR OR RACE <u>N</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>N</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>La</u>		(18) BIRTHPLACE <u>La</u>		
(13) OCCUPATION <u>Blacksmith</u>		(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. F. Moders

(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Summerville

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Sept 28 1916

(27) Filed Sept 28 1916 (28) A. H. Mackey 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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