

FORM NO. 2.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 M. 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 8.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Johnson
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 4304 Registered No. 170
 (For use of Local Registrar)
 Sl. No. 170 Ward 1
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child. William

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>16 Feb 1911</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>R. D. Crockett</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Johnsonville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Johnsonville</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Johnsonville</u>			(18) BIRTHPLACE <u>Bushville VA.</u>	
(13) OCCUPATION <u>Physician</u>			(19) OCCUPATION <u></u>	
(20) Number of children born to mother, including present birth <u>3rd</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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

(27) Filed Dec 20 1911 (28) [Signature] 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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