

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.

(1) PLACE OF BIRTH
 County of Newberry
 Township of H. S.
 or
 Inc. Town of
 or
 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
74051

Registration District No. 3412 Registered No. 81
 (For use of Local Registrar)
 (2) Full Name of Child Roberta Richard .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Elliot Richard

(9) PRESENT POSTOFFICE OF FATHER Presporty SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 80
(Years)

(12) BIRTHPLACE Newberry co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Davis

(15) PRESENT POSTOFFICE OF MOTHER Presporty SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Newberry co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born, at 8 9 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Boozier
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Presporty SC

Given name added from a supplemental report

....., 191.....
 Registrar

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

(27) Filed Sept 1, 1916 (28) W. T. Gibson
 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.