

WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child. I mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Parlarbury  
Township of .....

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

74673

Registration District No. 40-A Registered No. 332  
(For use of Local Registrar)

(2) Full Name of Child, Raymond If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 28  
To be answered only in event of 1 twin or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME R. J. Raymond  
(9) PRESENT POSTOFFICE OF FATHER Parlarbury  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31  
(12) BIRTHPLACE Richmond N.C.  
(13) OCCUPATION Carpenter  
(20) Number of children born to mother, including present birth { 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Julia Woods  
(15) PRESENT POSTOFFICE OF MOTHER Parlarbury  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26  
(18) BIRTHPLACE Richmond N.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { 4

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

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

(23) (Signature) J. S. [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Parlarbury, S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 1 1916. (28) Jas. Copes 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.