

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.

McCauley, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>75275</b>	
County of <u>York</u>		Township of <u>Kan. Mt.</u>		Inc. Town of <u>Belmont</u>	
or		or		or	
City of <u>Belmont</u>		Registration District No. <u>4407</u>		Registered No. <u>100</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Frederick Augusta McKen</u>		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 <u>first</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 13, 1916</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Augustus A. McKen</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Hae</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Belmont S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Belmont S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>Columbia Co. S. C.</u>			(18) BIRTHPLACE <u>Kansas U. S. A.</u>		
(13) OCCUPATION <u>Minister</u>			(19) OCCUPATION <u>Housekeeping</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1-30</u> <u>Co.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Chas. H. Hae</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Belmont S. C.</u>					
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 <u>Aug 16</u> , 191 <u>6</u> (28) <u>J. E. Biscoe</u> 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.