

McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Lowry  
Township of Floyds  
or  
Inc. Town of ..... Registration District No. 2508 Registered No. 122  
or  
City of ..... (No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Allard Howard Foley } If child is not yet named, make supplemental report as directed

File No. For State Registrar Only  
**90392**

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 21</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Bradley Foley</u>	(14) NAME BEFORE MARRIAGE <u>W. R. Suggs</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Nichols S.C. Route 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols S.C. Route 3</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>Labor N.C.</u>			
(13) OCCUPATION <u>Farm Tenant</u>	(19) OCCUPATION <u>House Wife</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> }			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. Lewis

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Labor N.C. Route 2

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

..... 191.....

..... Registrar

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

(27) Filed Dec 28 1916 (28) S. C. Williamson 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.

REGISTRAR LOCAL REGISTRAR

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