

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.

McRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Greenwood</u> Township of <u>Hodges</u> or Inc. Town of ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>2307</u> Registered No. <u>40</u> (For use of Local Registrar)		File No.—For State Registrar Only <b>77396</b>
(2) Full Name of Child <u>Grabe Clayborn</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Y</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 28</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>John Clayborn</u> (9) PRESENT POSTOFFICE OF FATHER <u>Hodges, S. C.</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) (12) BIRTHPLACE <u>Greenwood, Co., S. C.</u> (13) OCCUPATION <u>Section hand</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Brady, B. Edwards</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Hodges, S. C.</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) (18) BIRTHPLACE <u>Greenwood, Co., S. C.</u> (19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4<sup>30</sup></u> A. M., on the date above stated. (Born <u>live</u> or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Lula Young</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>SC, Birnie</u>				
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Oct. 7, 1916</u> (28) <u>SC, Birnie</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.				