

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Marlboro
Township of Labron
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
73931

Registration District No. 3304 Registered No. 147
(For use of Local Registrar)

(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 Shadie Irene McRae If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 20, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Anthony McRae
(9) PRESENT POSTOFFICE OF FATHER Cto. S. C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33
(Years)
(12) BIRTHPLACE Marlboro
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Lillie Bell Peterskin
(15) PRESENT POSTOFFICE OF MOTHER Cto. S. C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE Marlboro
(19) OCCUPATION Labourer
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Alive at 3304
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Catherine McRae
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cto. S. C.

Given name added from a supplemental report
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....., 19
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 26, 1916 (28) W. F. Woodley
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.