

W.F. McCaw
 N. E. McCaw of Columbia.
 N. E.—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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of McLee Mill
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 7-7-0-9 Registered No. _____
 (For use of Local Registrar)

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

File No.—For State Registrar Only
43046

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____
To be answered only in case of Twins or Triplets.
 (6) Are Parents Married? Y (7) DATE OF BIRTH Dec. 30, 1916
(None of Month) (Day) (Year)

FATHER.

(8) FULL NAME Amiel Wilson
 (9) PRESENT POSTOFFICE OF FATHER McLee Mill City
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
(Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Mill Operator
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lowe
 (15) PRESENT POSTOFFICE OF MOTHER McLee Mill City
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20
(Years)
 (18) BIRTHPLACE W.C.
 (19) OCCUPATION Wife
 (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 born at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. A. [Signature]
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Greenville S.C.

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 _____ 1916 (28) _____ 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 I _____ Local Registrar _____

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