

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 Sumter  
Township of Providence  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74910

Registration District No. 4105Registered No. 107  
(For use of Local Registrar)(2) Full Name of Child John Dickens

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Marion Dickens  
(9) PRESENT POSTOFFICE OF FATHER Sumter S. C. R. F. D.  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Laura Davis  
(15) PRESENT POSTOFFICE OF MOTHER Sumter S. C. R. F. D.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Benafer W. Windham  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S. C. R. F. D.

Given name added from a supplemental report

(26) Witness Mrs. Eva Benhette

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 19, 1916 (28) B. M. Laughlin 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.