

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 8.
McCaw of Columbia

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of Registration District No. 38A Registered No. 155
City of Columbia, S.C. (No. State Hospital for the Insane, S.C.; Ward)
(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
66906

(2) Full Name of Child Junius C. Atelle Stradford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>No</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 10, 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>?</u>			(14) NAME BEFORE MARRIAGE <u>Paley Stradford</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>?</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>State Hospital for Insane</u>	
(10) COLOR OR RACE <u>?</u>	(11) AGE AT LAST BIRTHDAY <u>?</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>?</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)			
(13) OCCUPATION <u>?</u>	(18) BIRTHPLACE <u>Lancaster Co., S.C.</u>			
(20) Number of children born to mother, including present birth <u>Two</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 Born alive at 2:45 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. T. Darr M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report 1st Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filled 1st (28) Local Registrar.
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*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.
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