

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.

Form No. 1.

(1) PLACE OF BIRTH
 County of Albion
 Township of Bordman
 or
 Inc. Town of
 or
 City of McCormick
 (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
62766

Registration District No. 101 Registered No. 29
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child Joseph Robert Aural } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Joe Aural</u>			(14) NAME BEFORE MARRIAGE <u>Mrs Lizzie Willis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>McCormick S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McCormick S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>57</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>McCormick S.C.</u>			(18) BIRTHPLACE <u>McCormick S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Keeper</u>	
(20) Number of children born to mother, including present birth } <u>6</u>			(21) Number of children of this mother now living, including present birth } <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) B. A. Matthews, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
McCormick 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 July 10, 1916 (28) J. B. Dawson
 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.