

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 46791	
County of <u>Franklin</u>		Township of <u>Jessie</u>		Registration District No. <u>3202</u> Registered No. <u>8</u>	
Inc. Town of _____ or _____		City of _____ (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 <u>Andrew William</u> ... { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 22</u> <u>1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Dick William</u>			(14) NAME BEFORE MARRIAGE <u>Retha Lettelle</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Marion, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marion, S.C.</u>		
(10) COLOR OR RACE <u>Colony</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>Colony</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years)			
(12) BIRTHPLACE <u>Centeray</u>			(18) BIRTHPLACE <u>Marion County</u>		
(13) OCCUPATION <u>Laborer Farming</u>			(19) OCCUPATION <u>Laborer Farming</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 o'clock P.M.</u> on the date above stated. (Hour A. M. or P. M.) (23) (Signature) <u>Ellen William Marion</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Marion S.C.</u>					
Given name added from a supplemental report _____ 191____			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
_____ Registrar			(27) Filed <u>Jan 31</u> 191 <u>6</u> (28) <u>H. A. Allen</u> 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.

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