

MAILED 10-10-1916  
RECEIVED  
FEBRUARY 10 1916  
Spartanburg, S.C.

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 6.

McCaw of Columbia.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spartanburg (No. 143 St. John)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 40-A Registered No. 56  
(For use of Local Registrar)  
St.; ..... Ward)  
(2) Full Name of Child Grace Bailey Beach If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 18 1916</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Henry Orland Deochau</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Grace Sue Bailey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	
(12) BIRTHPLACE <u>Reidville S.C.</u>			(16) COLOR OR RACE <u>White</u>	
(13) OCCUPATION <u>Merchant</u>			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(20) Number of children born to mother, including present birth <u>2</u>			(18) BIRTHPLACE <u>Marion Alabama</u>	
			(19) OCCUPATION <u>House wife</u>	
			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was alive at 9:50 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. H. Allen M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Spartanburg S.C.

Given name added from a supplemental report  
June 1916  
C. W. Miller Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
McK 1916 (27) Filed Gas Copes 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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