

McCraw of Columbia

(1) PLACE OF BIRTH

County of Grenville  
Township of Grenville  
or  
Inc. Town of Grenville  
or  
City of Swainsboro  
(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  
**90090**

Registration District No. 2209 Registered No. 572  
(For use of Local Registrar)  
St.; Ward

(2) Full Name of Child James F. Southland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth — (6) Are Parents Married? no (7) DATE OF BIRTH Dec 3 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Thomas W Southland

(14) NAME BEFORE MARRIAGE Blorn Arloper

(9) PRESENT POSTOFFICE OF FATHER Grenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Grenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Grenville S.C.

(18) BIRTHPLACE Cot ed Len m

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth { 3 }

(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

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 Dec 10 6 191..... (28) A J Mackey 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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