

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, COLUMBIA, S. C.

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| (1) PLACE OF BIRTH   |   | <b>CERTIFICATE OF BIRTH</b><br>STATE OF SOUTH CAROLINA<br>Bureau of Vital Statistics<br>State Board of Health |  | File No.—For State Registrar Only<br><b>76366</b>                     |  |
| County of <u>Cheslerfield</u><br>Township of <u>Court House</u><br>or<br>Inc. Town of .....<br>or<br>City of .....   |   | Registration District No. <u>1203</u>   |  | Registered No. <u>170</u><br>(For use of Local Registrar)             |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  |   |   |  |   |  |
| (2) Full Name of Child <u>Hester May Teal</u>  |   | (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><br>To be answered only in event of Twins or Triplets | (5) Number in order of birth  | (6) Are Parents Married? <u>Yes</u>  | (7) DATE OF BIRTH <u>Sept 10 1916</u><br>(Name of Month) (Day) (Year) |  |
| <b>FATHER.</b><br>(8) FULL NAME <u>Pleasant L. Teal</u><br>(9) PRESENT POSTOFFICE OF FATHER <u>McFarlane</u><br>(10) COLOR OR RACE <u>White</u><br>(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)<br>(12) BIRTHPLACE <u>Cheslerfield SC</u><br>(13) OCCUPATION <u>Farmer</u><br>(20) Number of children born to mother, including present birth <u>3</u>  |   |   | <b>MOTHER.</b><br>(14) NAME BEFORE MARRIAGE <u>Bessie White</u><br>(15) PRESENT POSTOFFICE OF MOTHER <u>McFarlane</u><br>(16) COLOR OR RACE <u>White</u><br>(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)<br>(18) BIRTHPLACE <u>Cheslerfield SC</u><br>(19) OCCUPATION <u>housewife</u><br>(21) Number of children of this mother now living, including present birth <u>3</u> |   |  |
| <b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b><br>(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)<br>(23) (Signature) <u>[Signature]</u><br>(24) State whether Physician or Midwife <u>Physician</u><br>(25) Address of Physician or Midwife <u>Cheslerfield SC</u><br>(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)<br>(27) Filed <u>Sept 16 1916</u> (28) <u>T. E. Melroy</u> Local Registrar. |   |   |  |   |  |
| Given name added from a supplemental report ..... 19 ..... 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.  |   |   |  |   |  |