

FORM NO. 4 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 3.

N. B.—McCaw, of Columbia.

McCaw, C

(1) PLACE OF BIRTH
County of Newberry
Township of
OR
Inc. Town of
OR
City of Newberry (No.)
(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
49921

Registration District No. 34-A Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Claud Howard Mills If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 2 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Mills</u>			(14) NAME BEFORE MARRIAGE <u>Emma Rivers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Mill operation</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Newberry S.C. on the date above stated.

(23) (Signature) C. H. Mills

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

C. H. Mills 1916
Registrar

(26) Witness
(Signature of Witness necessary only when question 26 is signed by mark)

(27) Filed March 7 1916 (28) L. S. Cunningham
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.

Registrar

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