

McCaw, of Columbia  
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Abbe Co.  
Township of West  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**50876**

Registration District No. 116 Registered No. 15  
(For use of Local Registrar)  
St.: \_\_\_\_\_ Ward: \_\_\_\_\_

(2) Full Name of Child Small Blake Clinkscale

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 5 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Andy Clinkscale</u>	(14) NAME BEFORE MARRIAGE <u>Marie Keller</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Level Land S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Level Land S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Abbe Co.</u>	(16) COLOR OR RACE <u>negro</u>
(13) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)
(20) Number of children born to mother, including present birth <u>1</u>	(18) BIRTHPLACE <u>Abbe Co.</u>
	(19) OCCUPATION <u>Housewife</u>
	(21) Number of children of this mother now living, including present birth <u>1</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Marie Keller</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Level Land S.C.</u>
(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)
(18) BIRTHPLACE <u>Abbe Co.</u>	(19) OCCUPATION <u>Housewife</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 born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Russell  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife W. L. Russell

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 Apr 10 1916 (28) J. C. Trubbs 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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