

(1) PLACE OF BIRTH
 County of McClintock **CERTIFICATE OF BIRTH**
 State of SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of Washington State Board of Health

File No. — For State Registrar Only
64183

or
 Inc. Town of Washington District No. 1812 Registered No. 3
 or
 City of Washington (No. 1812 St.; 3 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Please Ceasar If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twins or Triplets? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH June 30, 1906
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Oml</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Ceasar</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Modoc Co</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jackson B.C.</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>Jackson B.C.</u>	(18) BIRTHPLACE <u>Clarksville B.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 a.m. on the date above stated.
 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) James J. Thompson
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife ...

Given name added from a supplemental report

(26) Witness A. B. Skerron
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) File 1812 (28) A. B. Skerron 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.

WHEN 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
 McCaw of Columbia.