

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.

(1) PLACE OF BIRTH  
County of Dorchester  
Township of .....  
OR  
Inc. Town of Summersville  
OR  
City of .....

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

File No.—For State Registrar Only

46034

Registration District No. 17A Registered No. 13  
(For use of Local Registrar)

City of ..... (No. ....) St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child H. Hinchouse { If child is not yet named, make supplemental report as directed

|                             |   |                                       |                                     |   |
|-----------------------------|---|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>boy</u> | (4) Twin or Triplet? <u>4</u><br><small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>4</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>June 28, 1916</u><br><small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|---|---------------------------------------|-------------------------------------|---|

## FATHER.

(8) FULL NAME Oscar H. Hinchouse  
(9) PRESENT POSTOFFICE OF FATHER Summersville  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Summersville  
(13) OCCUPATION Clerk  
(20) Number of children born to mother, including present birth { 4 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Rice  
(15) PRESENT POSTOFFICE OF MOTHER Summersville  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE .....  
(19) OCCUPATION Housewife  
(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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Julian Carnell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Summersville

Given name added from a supplemental report

June 28, 1916  
Summersville  
Supy Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 5, 1916 (28) C. P. Lawton 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.