

FORM NO. 6

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.

(1) PLACE OF BIRTH **Cherokee**
 STATE OF SOUTH CAROLINA.
 County of **Cherokee**
 Bureau of Vital Statistics
 Township of **White Plains** State Board of Health
 or
 Inc. Town of Registration District No. **1003** Registered No. **126**
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76213

(2) Full Name of Child **Paul Hicks Petty** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **boy** (4) Twin or Triplet? **X** (5) Number in order of birth **X** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **9 27 1916**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **P. F. Petty**
 (9) PRESENT POSTOFFICE OF FATHER **Gaffneys C. R. 90. 74**
 (10) COLOR OR RACE **w** (11) AGE AT LAST BIRTHDAY **44** (Years)
 (12) BIRTHPLACE **A.C.**
 (13) OCCUPATION **farmer**
 (20) Number of children born to mother, including present birth { **5**

MOTHER.

(14) NAME BEFORE MARRIAGE **Kirby**
 (15) PRESENT POSTOFFICE OF MOTHER **same**
 (16) COLOR OR RACE **w** (17) AGE AT LAST BIRTHDAY **37** (Years)
 (18) BIRTHPLACE **A.C.**
 (19) OCCUPATION _____
 (21) Number of children of this mother now living, including present birth { **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive**, at **3:20 A.M.**, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) **R. J. Ferguson**
 (24) State whether Physician or Midwife **MD** (25) Address of Physician or Midwife **Gaffneys C.**

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 **Oct 4 1916** (28) **H. D. Britchard** 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.