

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Balham
 Township of Pine Grove
 or
 Inc. Town of Lone Star
 or
 City of (No. St.; Ward)
 (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
75932

Registered No. 87
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 12, 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Fredrick Wright</u>	(14) NAME BEFORE MARRIAGE <u>Rachel Gilmore</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lone Star SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lone Star SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Lone Star SC</u>	(18) BIRTHPLACE <u>Lone Star SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>wife</u>
(20) Number of children born to mother, including present birth <u>1</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 at 3 P.M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Angie W. W.</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Lone Star SC</u>
Given name added from a supplemental report		(26) Witness <u>Mrs. D. Stouderman</u> (Signature of Witness necessary only when question 23 is signed by mark)
..... 19		(27) Filed <u>Sept 20, 1916</u> (28) <u>J. D. Stouderman</u> Registrar 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.