

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Mayeville S.C.
 or
 Inc. Town of.....
 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
74885

Registration District No. 4102 Registered No. 90
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Aug 31, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Femin Singletary
 (9) PRESENT POSTOFFICE OF FATHER Mayeville
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 17 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Addie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Mayeville S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE Mayeville S.C.
 (19) OCCUPATION Wash woman
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Willie Alexander
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayeville S.C.

Given name added from a supplemental report

 _____, 19 _____
 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 31, 1916 (28) W. J. Thomas 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.