

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 Williamsburg
Township of Penn
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
66630

Registration District No. 4.3.08 Registered No. 5-6
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>6</u>	(9) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13th 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Dave S. Swinton</u>	(14) NAME BEFORE MARRIAGE <u>Agnes Mc Crea</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Bryan S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bryan S. C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Williamsburg Co. S. C.</u>	(18) BIRTHPLACE <u>Williamsburg Co. S. C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Farmer laborer</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Scott
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, 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 <u>June 12th 1916</u> (28) <u>Albert R. Mosley</u> Local Registrar
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*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.