

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 DillonTownship of Beggs

or

Inc. Town of

or

City of

(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

75424

Registration District No. 204 Registered No. 48

(For use of Local Registrar)

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

(3) SEX OR <u>Male</u>	(4) Twin <u>Twins</u> or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Ben Colesue(9) PRESENT POSTOFFICE OF FATHER Warrenville(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Dillon Co SC(13) OCCUPATION Janitor(20) Number of children born to mother, including present birth { 12 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Ann Anderson(15) PRESENT POSTOFFICE OF MOTHER Warrenville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE San Carlos(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 8 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Boys at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. C. Brail(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

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 Sept. 1, 1916 (28) H. B. Ward 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.