

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.

MCGRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Berkeley  
 Township of Centaur  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**75893**

Registration District No. 208 Registered No. 230  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH... <u>Apr 7<sup>th</sup> 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Frank Brown  
 (9) PRESENT POSTOFFICE OF FATHER Eady Town S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Eady Town S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth { one

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ida Luther  
 (15) PRESENT POSTOFFICE OF MOTHER Eady Town S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Eady Town S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Butler  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eady Town S.C.

Given name added from a supplemental report

(26) Witness G. M. Cross  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 16<sup>th</sup> 1916 (28) D. W. Cross 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.