

MARGIN RESERVED FOR BINDING.  
 WHITE 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.

(1) PLACE OF BIRTH  
 County of *Cherokee*  
 Township of *Kossville*  
 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  
**76292**

Registration District No. *1107* Registered No. *66*  
 (For use of Local Registrar)

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

|                           |   |                                       |                                     |  |
|---------------------------|---|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <i>g</i> | (4) Twin or Triplet?<br><small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth <i>4</i> | (6) Are Parents Married? <i>yes</i> | (7) DATE OF BIRTH <i>Sept 24</i> 191 <i>6</i><br><small>(Name of Month) (Day) (Year)</small> |
|---------------------------|---|---------------------------------------|-------------------------------------|--|

**FATHER.**

(8) FULL NAME *Jim Dye*

(9) PRESENT POSTOFFICE OF FATHER *Bascomville*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE *Kossville*

(13) OCCUPATION *Teacher*

(20) Number of children born to mother, including present birth *4*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Annie Becker*

(15) PRESENT POSTOFFICE OF MOTHER *Bascomville S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *21* (Years)

(18) BIRTHPLACE *Kossville*

(19) OCCUPATION *Housewife*

(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 *alive* at *8 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Harvey Bladder*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Bascomville*

Given name added from a supplemental report  
 ..... 191.....  
 ..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
*6019* 191*6* (28) *R. T. Varnadore*  
 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.