

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.

<div> <div>(1) PLACE OF BIRTH</div> <div>CERTIFICATE OF BIRTH</div> <div>STATE OF SOUTH CAROLINA</div> <div>Bureau of Vital Statistics</div> <div>State Board of Health</div> </div>				<div> <div>File No.—For State Registrar Only</div> <div>75057</div> </div>	
<div> <div>County of <u>Union</u></div> <div>Township of <u>Union</u></div> <div>or</div> <div>Inc. Town of <u>Monarch</u></div> <div>or</div> <div>City of</div> </div>		<div> <div>Registration District No. <u>4207</u></div> <div>Registered No. <u>77</u></div> <div>(For use of Local Registrar)</div> </div>			
<div> <div>(2) Full Name of Child <u>Willie Pelzie block</u></div> <div>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</div> </div>		<div> <div>St.; Ward)</div> <div>If child is not yet named, make supplemental report as directed</div> </div>			
<div> <div>(3) BOY OR GIRL? <u>X</u></div> <div>(4) Twin or Triplet? <u>X</u></div> <div>(5) Number in order of birth <u>X</u></div> <div>To be answered only in event of Twins or Triplets</div> </div>	<div> <div>(6) Are Parents Married? <u>yes</u></div> <div>(7) DATE OF BIRTH <u>Aug 13</u> 19 <u>16</u></div> <div>(Name of Month) (Day) (Year)</div> </div>				
<div>FATHER.</div> <div>(8) FULL NAME <u>Franklin block</u></div> <div>(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u></div> <div>(10) COLOR OR RACE <u>white</u></div> <div>(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)</div> <div>(12) BIRTHPLACE <u>Chester CO SC</u></div> <div>(13) OCCUPATION <u>mill work</u></div> <div>(20) Number of children born to mother, including present birth <u>one</u></div>		<div>MOTHER.</div> <div>(14) NAME BEFORE MARRIAGE <u>Dora Bryant</u></div> <div>(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u></div> <div>(16) COLOR OR RACE <u>white</u></div> <div>(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)</div> <div>(18) BIRTHPLACE <u>SC</u></div> <div>(19) OCCUPATION <u>Domestic</u></div> <div>(21) Number of children of this mother now living, including present birth <u>one</u></div>			
<div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</div> <div>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5.9</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</div> <div>(23) (Signature) <u>W.H. Hays</u></div> <div>(24) State whether Physician or Midwife <u>Physician</u></div> <div>(25) Address of Physician or Midwife <u>Union SC</u></div>					