

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Greenville
Township of C. Lenland

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
64494

Registration District No. 2203 Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: Ward:

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME G. R. Jones
(9) PRESENT POSTOFFICE OF FATHER C. Lenland SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Saw mill
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Long
(15) PRESENT POSTOFFICE OF MOTHER C. Lenland SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE S. C.
(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 Blond at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. C. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. D. S. Street N. E.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed July 10, 1916 (28) H. B. Hood 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.