CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
79958

(1) PLACE OF BIRTH
County of Aiken
Township of Hammond
or
Inc. Town of ..... Registration District No. 265 B Registered No. 42
(For use of Local Registrar)
or
City of ..... (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 ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?
(4) Twin or Triplet? —
(5) Number in order of birth —
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Aug. 30, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Milledge Yawn
(9) PRESENT POSTOFFICE OF FATHER Clearwater S.C.
(10) COLOR OR RACE white
(11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Aiken Co. S.C.
(13) OCCUPATION Mill Hand
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Walker
(15) PRESENT POSTOFFICE OF MOTHER Clearwater S.C.
(16) COLOR OR RACE white
(17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Saluda S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jno. I. Greene M.D.
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Batesburg S.C.

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 Oct 10 1916. (28) Jno. I. Greene M.D.
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.

fifth month of pregnancy.

BOOK No. 6
MARGIN REMOVED BOOK BINDING
WHEN BLANKLY, WHEN UNFADING INK—THIS IS A SEPARATE BLANK for each child, and mark the
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.