

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.

(1) PLACE OF BIRTH

County of UnionTownship of RichlandInc. Town of _____
or _____

City of _____

(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

75042

Registration District No. 4245 Registered No. 63

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 24</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Ora Jennett Bailey</u>			(14) NAME BEFORE MARRIAGE <u>Alice Erwood</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Kelton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kelton</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>Sh.</u>		(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Sh.</u>		
(19) OCCUPATION <u>Housewife</u>		(20) Number of children of this mother now living, including present birth <u>5</u>		
(21) Number of children of this mother now living, including present birth <u>5</u>		(22) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11.2 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. S. M. Murray(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Lockhart Sh.

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 Sept 1 1916 (28) D. G. Bellman
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.