

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.

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

File No.—For State Registrar Only  
**76393**

(1) PLACE OF BIRTH  
 County of Chester  
 Township of Appleton  
 or  
 Inc. Town of ..... Registration District No. 1206 Registered No. 91  
 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 (6) Are Parents Married? (7) DATE OF BIRTH Sept. 30, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME D. A. Helms  
 (9) PRESENT POSTOFFICE OF FATHER Pageland S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE W.C.  
 (13) OCCUPATION Hammer  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Martha Cole  
 (15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE W.C.  
 (19) OCCUPATION Housekeeping  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 ..... 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Hough  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Pageland 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)  
D. A. Helms  
 (27) Filed 10 10 16 1916. (28) T. E. Cat 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.