

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

Township of

Inc. 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

76343

Registration District No. 91 Registered No. 91

(For use of Local Registrar)

## (2) Full Name of Child

Ed. Pome Jr.

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

(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

Sex, M, 6

(Name of Month) (Day) (Year)

(8) FULL  
NAMEFATHER  
Ed Pome(9) PRESENT  
POSTOFFICE  
OF FATHER

Cheraw S.C. R7D

(10) COLOR  
OR  
RACE

Negro

(11) AGE AT LAST  
BIRTHDAY

24

(Years)

(12) BIRTHPLACE

S.C. -

(13) OCCUPATION

Laborer on farm

(20) Number of children born to  
mother, including present birth

one

(14) NAME BEFORE  
MARRIAGE

MOTHER.

Mary Bennett

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Cheraw S.C. R7D

(16) COLOR  
OR  
RACE

Negro

(17) AGE AT LAST  
BIRTHDAY

19

(Years)

(18) BIRTHPLACE

S.C. -

(19) OCCUPATION

Laborer on farm

(21) Number of children of this mother  
now living, including present birth

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

L. G. Pugh

Cheraw S.C.

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

Sept 15 1916

(28)

P. B. Ingram

Local Registrar

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.