

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Castroville  
Township of Amelia  
or  
Inc. Town of .....

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

File No.—For State Registrar Only  
**75905**

Registration District No. 500 Registered No. 118  
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 2, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Mosely  
(9) PRESENT POSTOFFICE OF FATHER St. Matthews  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21  
(Years)  
(12) BIRTHPLACE South Carolina  
(13) OCCUPATION Farm Laborer  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary Randolph  
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20  
(Years)  
(18) BIRTHPLACE South Carolina  
(19) OCCUPATION Farm Laborer  
(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Ely X Jackson  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness AR Able  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 9, 1916 (28) AR Able 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.