

Form No. 10.

WEL

M. B.

McCaw

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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 *Beaufort*

Township of *St. Helena*

or

Inc. Town of

or

City of *Mexius Sc*

(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

48183

Registration District No. *604* Registered No. *20*

(For use of Local Registrar)

(2) Full Name of Child *Elizabeth Allen* { 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? *Yes* (7) DATE OF BIRTH *Feb. 4, 1916*

FATHER.

(8) FULL NAME *Phillip Allen*

(9) PRESENT POSTOFFICE OF FATHER *Mexius Sc*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE *Coosaw Isld S.C.*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Eliza Blue*

(15) PRESENT POSTOFFICE OF MOTHER *Mexius Sc*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE *Coosaw Isld S.C.*

(19) OCCUPATION *Farmer*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10.41* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elizabeth M. Maen*

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

Midwife Mexius Sc

Given name added from a supplemental report

June 7, 1916

E. W. Miller

Registrar

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

M. J. Soper

(27) Filed *2-9* 1916 (28) *Geo. H. Crocker*

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.

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