

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 WRI N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 N. B. McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw

### CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46172

(1) PLACE OF BIRTH  
 County of York  
 Township of \_\_\_\_\_

or  
 Inc. Town of \_\_\_\_\_ Registration District No. 20-A Registered No. 9  
 (For use of Local Registrar)  
 City of Horseshoe (No. 106 W. Jarrott St.; 1 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Agnes McHale Doughty } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be subsequently in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan'y 7 1916</u> <small>(Month Day Year)</small>
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**FATHER.**

(8) FULL NAME Arthur Kelling Doughty

(9) PRESENT POSTOFFICE OF FATHER Horseshoe

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Car. Repairer, a.c. R.R.

(20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lilla Agnes McHale

(15) PRESENT POSTOFFICE OF MOTHER Horseshoe

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Barnwell S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

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

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 a. M., on the date above stated. (Mark alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
MD. Horseshoe

Given name added from a supplemental report

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

(27) Filed Jan 15 1916 (28) C. C. G. D. [Signature] 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.

REGISTRAR

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.