

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 8.
McCaw, of Columbia
McCaw,
McCaw,

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berkley</u>		STATE OF SOUTH CAROLINA.		48188	
Township of <u>S. S. T. Farmer</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2. 1. 1.</u>		Registered No. <u>6.</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Sadie Edith Farmer</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 20</u> 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jerry Henry Farmer</u>			(14) NAME BEFORE MARRIAGE <u>Amie Belle Higgins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Summersville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summersville</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY		
(12) BIRTHPLACE <u>Berkley Co.</u>			(18) BIRTHPLACE <u>Berkley Co.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>4. First</u>			(21) Number of children of this mother now living, including present birth <u>3. First</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)	
(23) (Signature) <u>N. L. Farmer</u>	
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Summersville, S. C.</u>	
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	
(27) Filed <u>Feb 20</u> 191 <u>6</u> (28) <u>N. L. Farmer</u> Local Registrar	
Given name added from a supplemental report	
..... 191.....	
..... 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.