

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		90364	
Township of <u>Cherokee</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>2505</u>		Registered No. <u>89</u>	
City of .....		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>William M. McCracken</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>See 15-16</u>	
				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Walter McCracken</u>			(14) NAME BEFORE MARRIAGE <u>Bessie McCracken</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee Ferry</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee Ferry</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u>			(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>Cherokee Co. S.C.</u>			(18) BIRTHPLACE <u>Cherokee Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. G. Bass</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Cherokee Ferry</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed for mark)		
..... 19 .....			(27) Filed <u>Dec 30, 1916</u>		
Registrar			(28) <u>See M. W. Jones</u> 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.