

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

(1) PLACE OF BIRTH

County of Greenville
Township of

OR

Inc. Town of

OR

City of Greenville

(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
64455

Registration District No. 22 ARegistered No. 259

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR
GIRL? Girl(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH June 16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Sam Brown(9) PRESENT
POSTOFFICE
OF FATHER Greenville S.C.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 48
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Wagoner(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Laura Evans(15) PRESENT
POSTOFFICE
OF MOTHER Greenville S.C.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 43
(Years)(18) BIRTHPLACE Traders Rest S.C.(19) OCCUPATION Cook(21) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary E. Williams(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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Registrar

(26) Witness Grace Chalmers(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 1 1916

(28)

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.