

MARGIN RESERVED FOR BINDING.

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
Township of Beulah
or
Inc. Town of.....
or
City of.....
(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

73877

Registration District No. 3205 Registered No. 281.....
(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? | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Aug 17 1916</u> (Name of Month) (Day) (Year) | | | |
| FATHER | | | MOTHER | | | | |
| (8) FULL NAME <u>Gomey Leonard</u> | (14) NAME BEFORE MARRIAGE <u>Mattie Owens</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Mullins, S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Mullins, S.C.</u> | (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>27</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| (12) BIRTHPLACE <u>Marion Co.</u> | (13) OCCUPATION <u>Day Laborer</u> | (20) Number of children born to mother, including present birth <u>3</u> | (21) Number of children of this mother now living, including present birth <u>2</u> | (18) BIRTHPLACE <u>Marion Co.</u> | (19) OCCUPATION <u>Day Laborer</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive.... at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Mullins
(24) State whether (Physician or Midwife) midwife (25) Address of Physician or Midwife Mullins, S.C.

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness A. E. Rogan
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 8/26/16 (28) A. E. Rogan 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.