

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.

(1) PLACE OF BIRTH

County of Lancaster  
Township of Cane Creek  
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  
**64983**

Registration District No. 2801 Registered No. 65  
(For use of Local Registrar)  
St.: ..... Ward: .....

(2) Full Name of Child William Stover { 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Henry Stover  
(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Lancaster S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie McKinney  
(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Lancaster S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Fannie Allam  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 21 1916 (28) W. H. Daffin 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.