

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.

McGraw of COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Berkely</u> Township of <u>Coutaw</u> OR Inc. Town of OR City of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">75891</div>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>708</u>		Registered No. <u>228</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Marvin Chance</u>		(No.)		St. Ward)	

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

(3) BOY OR GIRL <u>GIRL</u>	(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>Sept 4th 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>J. L. Chance</u>			(14) NAME BEFORE MARRIAGE <u>Eva Brinson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cross S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Cross S.C.</u>		(17) AGE AT LAST BIRTHDAY (Years)		(18) BIRTHPLACE <u>Bethra S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</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>11⁰⁰</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)	
(23) (Signature) <u>Mary J. Chance</u>	(25) Address of Physician or Midwife <u>Cross S.C.</u>
(24) State whether Physician or Midwife <u>Midwife</u>	
(26) Witness <u>J. M. Cross</u> (Signature of Witness necessary only when question 23 is signed by mark)	
(27) Filed <u>Sept 13th 1916</u> (28) <u>D. W. Cross</u> 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.