

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Georgetown  
 Township of Laurens #6  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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**  
**85695**

Registration District No. 2105 Registered No. 74  
 (For use of Local Registrar)

**(2) Full Name of Child** Joseph Piusiney Howard (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 5th 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Joseph Howard  
 (9) PRESENT POSTOFFICE OF FATHER Lauriegan S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Georgetown County  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Agnes Corbitt  
 (15) PRESENT POSTOFFICE OF MOTHER Lauriegan S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Georgetown County  
 (19) OCCUPATION House wife  
 (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 Born alive at 10:45 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) A. J. Marsh  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cates S.C.

Given name added from a supplemental report  
 (26) Witness A. L. Corbitt  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 7 1916 (28) J. L. Mack Local Registrar

19 ..... 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.