

FORM NO. 4

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		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA.		77364	
Township of .....		Bureau of Vital Statistics			
OF		State Board of Health			
Inc. Town of <u>Greenwood</u>		Registration District No. <u>73a</u>		Registered No. <u>84</u>	
or				(For use of Local Registrar)	
City of .....		(No. <u>Oak Street</u> St.; .....		Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Henry McThee</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 30, 1916</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Edward McThee</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Chappelle</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>			(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
				(Years)	
(12) BIRTHPLACE <u>Greenwood</u>			(18) BIRTHPLACE <u>Greenwood</u>		
(13) OCCUPATION <u>Painter</u>			(19) OCCUPATION <u>Laundress</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>3</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>5:30</u> <u>A.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Annanda A. St. Kins</u>			(25) Address of Physician or Midwife <u>446 Maxwell Ave</u>		
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report			(26) Witness <u>Sam Broadley</u>		
..... 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>9/30 1916</u> (28) <u>W. A. Williams</u> 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.					
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