

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 Greenlee
Township of Greenlee
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
4828

Registration District No. 2209 Registered No.
(For use of Local Registrar)
St.; Ward)
(No. Burton Town)

(2) Full Name of Child.....

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u> <small>to be answered only in event of Twins or Triplets</small>	(6) Are Parent Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 2</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME OF FATHER <u>Joe M. Mani</u>			(14) NAME BEFORE MARRIAGE <u>Rachel Gibson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Burton Town</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenlee S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Greenlee Co S.C.</u>
(12) BIRTHPLACE <u>Greenlee Co S.C.</u>	(13) OCCUPATION <u>works for mill</u>	(19) OCCUPATION <u>washerwoman</u>	(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna J. Gibson

(24) State whether Physician or Midwife
Midwife

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 191.... (28)
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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