

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 Louise
Township of Lakeor
Inc. Town of

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

72761

Registration District No. 2009 Registered No. 91
(For use of Local Registrar)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be inserted only in case of twins or triplets</small>	(6) Age at birth <u>2</u> <small>Married?</small>	(7) DATE OF BIRTH <u>Aug. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Clarence Cockfield</u>				(14) NAME BEFORE MARRIAGE <u>Clarence Cockfield</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Scranton</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Scranton</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Louise Co.</u>		(18) BIRTHPLACE <u>Louise Co.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>3</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 Alive at 5:00 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. James
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife ScrantonGiven name added from a supplemen-
tal report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 8/19/16 (28) R. L. Carter
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.