

WRITE PLAINLY, WITH 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 3.
 W. B. McCaw, of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
46177

(1) PLACE OF BIRTH
 County of Pinckney
 Township of Pinckney
 OR
 Inc. Town of Pinckney Registration District No. Registered No. 9
 OR
 City of Pinckney (No. 212 South McQueen 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 Allen Lee Tharin If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL? girl (4) Twin or Triplets? no (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 9 1916
To be answered only in event of Twins or Triplets
 (One of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. A. Tharin
 (9) PRESENT POSTOFFICE OF FATHER Pinckney SC
Travelling Salesman
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE Charleston SC
 (13) OCCUPATION Travelling Salesman
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE J. M. Vanning
 (15) PRESENT POSTOFFICE OF MOTHER Pinckney SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)
 (18) BIRTHPLACE Charleston SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) E. W. Allen
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pinckney SC

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 Jan 11 1916 (28) C. C. Craft, M.D. 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.
 _____ 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.