

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Calhoun</u> Township of <u>Amelia</u> 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 Registration District No. <u>720</u> Registered No. <u>123</u> (For use of Local Registrar)		File No.—For State Registrar Only 75910
(2) Full Name of Child <u>(Unnamed) Locus</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 24, 1916</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Isaac Locus Jr</u> (9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews Sc.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>28</u> (Years) (12) BIRTHPLACE <u>South Carolina</u> (13) OCCUPATION <u>Farmer Laborer</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Sarah Mosely</u> (15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews Sc.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) (18) BIRTHPLACE <u>South Carolina</u> (19) OCCUPATION <u>Farmer Laborer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Aline</u> at <u>6 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Aline K. Reese</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>St. Matthews</u> Given name added from a supplemental report (26) Witness <u>AR Able</u> (Signature of Witness necessary only when question 23 is signed by marks) (27) Filed <u>Sept. 25, 1916</u> (28) <u>AR Able</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.				