

## (1) PLACE OF BIRTH

County of Barnwell SC STATE OF SOUTH CAROLINA.  
 Township of Barnwell Bureau of Vital Statistics  
 Inc. or Town of Barnwell State Board of Health

File No. — For State Registrar Only  
 88442

City of Barnwell Registration District No. 501 Registered No. 71  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (For use of Local Registrar)  
 St.; Dec Ward 4  
 (Name of Month) (Day) (Year)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Edwin McNab

(9) PRESENT POSTOFFICE OF FATHER Barnwell SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Barnwell SC

(13) OCCUPATION Manager Oil Mill

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Scott Norton

(15) PRESENT POSTOFFICE OF MOTHER Barnwell SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Farmville Va

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Morley M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Barnwell SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10 6 1916 (28) R. C. Kirkland 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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WRITE CAREFULLY, 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.

McCauley, of Columbia.