

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
88442

or
Inc. Town of Barnwell Registration District No. 501 Registered No. 71
(For use of Local Registrar)
City of _____ (No. _____ 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 Mary Mulhouse McNab If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 4 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Edwin McNab

(14) NAME BEFORE MARRIAGE Louise Scott Norton

(9) PRESENT POSTOFFICE OF FATHER Barnwell SC

(15) PRESENT POSTOFFICE OF MOTHER Barnwell SC

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

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

(12) BIRTHPLACE Barnwell SC

(18) BIRTHPLACE Farmville Va

(13) OCCUPATION Manager Del Mill

(19) OCCUPATION _____

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

(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 Physician (25) Address of Physician or Midwife Barnwell SC

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) R. K. Kirkland
(27) Filed Dec 10 6 191..... (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.

*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.

WHEN EARLY, WITH UNUSUAL RECORD. 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.
N. McCraw, of Columbia.