

FORM NO. 4  
 MARRIAGE REGISTRATION FOR BIRTH  
 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 8.  
 McCraw of Columbia

(1) PLACE OF BIRTH  
 County of Darlington **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 File No. — For State Registrar Only  
45974  
 Township of 11  
 or  
 Inc. Town of \_\_\_\_\_ Registration District No. 1501 Registered No. \_\_\_\_\_  
 or  
 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 Maria Byrd } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 25 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. P. Byrd</u>	(14) NAME BEFORE MARRIAGE <u>Maria Blossau</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington, SC</u>			
(10) COLOR OF FACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>36</u> (Years)			
(12) BIRTHPLACE <u>Darlington SC</u>	(18) BIRTHPLACE <u>Darlington SC</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Keeping House</u>			
(20) Number of children born to mother, including present birth <u>4</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 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

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 30 1916 (28) C. A. Carly 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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