

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 Georgetown
Township of
or
Inc. Town of
or
City of Georgetown (No. 47 Hazard St.; Ward)
(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

File No.—For State Registrar Only
72824

Registration District No. 21-A Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child Baby Barfield If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>Twin</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 23rd</u> 19 <u>16</u> (Name Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Andrew James Jackson Barfield</u>	(14) NAME BEFORE MARRIAGE <u>Ella Leontine Owens</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown - S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown - S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Georgetown Co - S. C.</u>	(18) BIRTHPLACE <u>Myrtle Beach - Horry Co - S. C.</u>	(13) OCCUPATION <u>Lumber</u>	(19) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10³⁰ P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. G. Gault
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown - S.C.

Given name added from a supplemental report

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

(27) Filed Aug 28 1916 (28) W. S. Neely 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.