

FORM NO. 7. 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

(1) PLACE OF BIRTH  
 County of Yamhill  
 Township of Campana  
 Inc. or Town of ..... Registration District No. 4001-a  
 City of ..... (No. .... 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  
87445

(2) Full Name of Child Paul H. Newirth Burlington If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 4, 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

| FATHER.  |   | MOTHER.   |  |
|--|---|---|--|
| (8) FULL NAME <u>James Edward Burlington</u>                             | (14) NAME BEFORE MARRIAGE <u>Vance Leachin Stearns</u>                              | (9) PRESENT POSTOFFICE OF FATHER <u>Landrum, S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Landrum, S.C.</u> |
| (10) COLOR OR RACE <u>White</u>  | (11) AGE AT LAST BIRTHDAY <u>39</u> (Years)   | (16) COLOR OR RACE <u>White</u>                       | (17) AGE AT LAST BIRTHDAY <u>43</u> (Years)            |
| (12) BIRTHPLACE <u>Raebuck S.C.</u>                                      | (13) OCCUPATION <u>Mill Operative</u>   | (18) BIRTHPLACE <u>Landrum, S.C.</u>                  | (19) OCCUPATION <u>House keeper</u>                    |
| (20) Number of children born to mother, including present birth <u>9</u> | (21) Number of children of this mother now living, including present birth <u>8</u> |   |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 ..... A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. G. LeMaster, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Landrum, S.C.

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 Nov 6 1916. (28) R. L. Massey 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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