

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 Williamsburg  
Township of Johnson  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

75109

Registration District No. 41304 Registered No. .... 87 .....

(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 Rush Michel { 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 Aug 3, 1914  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Mike Michel  
(9) PRESENT POSTOFFICE OF FATHER Johns River St  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 1/2 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farm hand  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Veola Jurett  
(15) PRESENT POSTOFFICE OF MOTHER Johns River St  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bare Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Johns River St

Given name added from a supplemental report  
....., 19 .....

(26) Witness R. L. Card (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 7, 1914 (28) R. L. Card 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.