

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 LancasterTownship of Lancaster

Inc. Town of

City of

(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

76214

Registration District No. 1-1-2 Registered No. 137

(For use of Local Registrar)

(2) Full Name of Child Henry M. James Sarrath

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 17, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME M. L. Sarrath

(9) PRESENT POSTOFFICE OF FATHER Gaffney, N.C. R # 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE N.C. Columbus Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE W. M. Gaffney

(15) PRESENT POSTOFFICE OF MOTHER Gaffney, N.C. R # 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE N.C. Columbus Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born, at Lancaster, P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. Sarrath(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney, N.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 Oct 7, 1916 (28) H. P. Prichard 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.