

FORM No. 10. 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 Union
 Township of Lane
 or
 Inc. Town of Registration District No. 4305 Registered No. 105
 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 Walter Francis Scott } If child is not yet named, make supplemental report as directed

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87797

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 1, 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Walter Scott</u>		(14) NAME BEFORE MARRIAGE <u>Arrie Buddie</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sallis S C</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sallis S C</u>		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>S. C.</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>S. C.</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(19) OCCUPATION <u>House wife</u>		
		(21) Number of children of this mother now living, including present birth <u>5</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 P. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isaac B. Boyd

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Sallis S C

Given name added from a supplemental report 191.....

..... 191.....
 Registrar

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

(27) Filed Nov 10th 1916. (28) Albert R. Mosley
 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.