

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 York  
 Township of Hope  
 or  
 Inc. Town of .....  
 or  
 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  
75078

Registration District No. 4301 Registered No. 305  
 (For use of Local Registrar)  
 (2) Full Name of Child Harold Bennett Covington 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 Aug. 13, 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Louis E. Covington  
 (9) PRESENT POSTOFFICE OF FATHER Saltus S.C. R7D#1  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Marlboro County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 2 }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lizzie Pierce  
 (15) PRESENT POSTOFFICE OF MOTHER Saltus S.C. R7D#1  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Marlboro County  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { 2 }

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

(22) I hereby certify that I attended the birth of this child, who was alive, at 10:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) H. G. Gamble, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Shelburne, Kingstree 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 Aug 19, 1916, (28) Edw. A. L. 7. 2. 7 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.