

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 Filmore  
 Township of Peru  
 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

72796

## (2) Full Name of Child

Wilson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married No (7) DATE OF BIRTH 25th of Aug. 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sammy Brown  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE unknown  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ly. Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Waring S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Bontick S.C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) midwife Bina Belin  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 26 1916 (28) W. P. Boston 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.