

WRU N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 M. B.—McCaw, of Columbia.
 McCaw,

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Bedard Spring
 or
 Inc. Town of
 or
 City of (No.)

File No.—For State Registrar Only
50864

Registered No. 2
 (For use of Local Registrar)

Registration District No. 103

(2) Full Name of Child Louise Right

St.; Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>March 19 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE
(13) OCCUPATION	(14) NAME BEFORE MARRIAGE <u>not married</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Troy St 70th</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>18</u>
(20) Number of children born to mother, including present birth <u>Two</u>	(18) BIRTHPLACE <u>Abbeville S.C.</u>	(19) OCCUPATION <u>Furniture Band</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mandy M. H. H. H.
 (24) State whether Physician or Midwife | (25) Physician or Midwife

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

(27) Filed March 1916 (28) S. M. Wardlaw
 Registrar Local Registrar

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

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