

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell
Township of Allen Dale
or
Inc. Town of Fairfax
or
City of

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

File No.—For State Registrar Only
88415

Registration District No. 500 Registered No. 165
(For use of Local Registrar)

(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 Lneral Brown {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Dec 6 17 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME don't know
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION

MOTHER.
(14) NAME BEFORE MARRIAGE Ora Brown
(15) PRESENT POSTOFFICE OF MOTHER Fairfax SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Cook

(20) Number of children born to mother, including present birth 3 (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 born alive at H. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Platt (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fairfax SC

Given name added from a supplemental report

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

(27) Filed Dec 26 1916 (28) F. H. Boyd 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.