

(1) PLACE OF BIRTH

County of *Kershaw*Township of *Flat Roofs*Inc. Town of *Cauty*City of *Cauty*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77718

Registration District No. *2702* Registered No. *86*

(For use of Local Registrar)

City of *Cauty* (No. *86* St.; *Ward* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Sept. 19, 1916</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE <i>Amelia Alexander</i>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <i>Cauty</i>
(10) COLOR OR RACE	(16) COLOR OR RACE <i>Colored</i>
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years) <i>25</i>
(12) BIRTHPLACE	(18) BIRTHPLACE <i>Cauty S.C.</i>
(13) OCCUPATION	(19) OCCUPATION <i>Farm hand</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *3* P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Hester McKain*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cauty S.C.

Given name added from a supplemental report

(26) Witness *J.R. Crand*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *1916* (28) *J.H. Braxfield* 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.

MARGIN RESERVED FOR BINDING. WHEN PRINTED WITHOUT BINDING THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley, of Columbia.