

(1) PLACE OF BIRTH

County of Kershaw  
 Township of Flat Roofs  
 or  
 Inc. Town of Cauty  
 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  
77718

Registration District No. 2702 Registered No. 86  
 (For use of Local Registrar)

(2) Full Name of Child ..... { 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? No (7) DATE OF BIRTH Sept. 19, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME \_\_\_\_\_  
 (9) PRESENT POSTOFFICE OF FATHER \_\_\_\_\_  
 (10) COLOR OR RACE \_\_\_\_\_ (11) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)  
 (12) BIRTHPLACE \_\_\_\_\_  
 (13) OCCUPATION \_\_\_\_\_  
 (20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Amelia Alexander  
 (15) PRESENT POSTOFFICE OF MOTHER Cauty  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Cauty S.C.  
 (19) OCCUPATION Farm hand  
 (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 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester McKain  
 (24) State whether Physician or Midwife Midw. (25) Address of Physician or Midwife Cauty S.C.

Given name added from a supplemental report \_\_\_\_\_, 191....  
 \_\_\_\_\_ Registrar

(26) Witness J.R. Crud (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 10/9 1916. (28) J.H. Brasfield 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 IN ALTERNATE POSITION, 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.

McCauley of Columbia