

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 8.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Transylvania
 Township of Prattsburg
 or
 Inc. Town of Cay Branch
 or
 City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 2403 Registered No. 8
 (For use of Local Registrar) St.: _____ Ward: _____

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

File No.—For State Registrar Only
49462

(2) Full Name of Child James Green } 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 2 (6) Are Parents Married? Yes (7) DATE BIRTH February 17, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joe Green
 (9) PRESENT POSTOFFICE OF FATHER McPhersonville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { Two }

MOTHER.
 (14) NAME BEFORE MARRIAGE Beulah Wright
 (15) PRESENT POSTOFFICE OF MOTHER McPhersonville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Child Work
 (21) Number of children of this mother now living, including present birth { Two }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Prattsburg on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.) 9

(23) (Signature) Beulah Wright
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McPhersonville S.C.

Given name added from a supplemental report
 _____ 191_____

 Registrar

(26) Witness L. J. Burson
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed February 19, 1916 (28) J. B. Metcalf
 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.