

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.

(1) PLACE OF BIRTH
County of Cherokee
Township of Wassawilla
or
Inc. Town of
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
76293

(2) Full Name of Child Alma { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 30th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Engene Bosher
(9) PRESENT POSTOFFICE OF FATHER Fort Leno SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Cherokee Co SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Blair Cunningham
(15) PRESENT POSTOFFICE OF MOTHER Fort Leno SC
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Cherokee Co SC
(19) OCCUPATION Housewife
(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 born alive at A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Bosher
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Fort Leno SC

Given name added from a supplemental report

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

Filed Oct 5 1916 (28) A. J. Venable
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.