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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
85733

(1) PLACE OF BIRTH

County of Greenville

Township of .....
or
Inc. Town of .....
or
City of Greenville.

Registration District No. 24 Registered No. 463
(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 .....

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

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl.		2	Yes.	July 1, 1915

FATHER.

(8) FULL NAME Columbus Yelton

(9) PRESENT POSTOFFICE OF FATHER Greenville.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE Rockville Texas.

(13) OCCUPATION Road Road.

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Williams

(15) PRESENT POSTOFFICE OF MOTHER Greenville R.F.D. Calhoun St.

(16) COLOR OR RACE White.

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Greenville S. C.

(19) OCCUPATION Housework.

(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 7:30 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. Meadors.

(24) State whether Physician or Midwife: Midwife.

(25) Address of Physician or Midwife: 416 Calhoun St.

Given name added from a supplemental report .....

....., 19.... Registrar

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

(27) Filed Dec 1 1916. (28) C. E. Smith
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.