

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.

(1) PLACE OF BIRTH
County of Hampton
Township of Peebles
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
77465

Registration District No. 2402 Registered No. 190
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 26, 16
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Earnes Alexander</u>	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF FATHER <u>Vasuvilla S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER
(10) COLOR OR RACE <u>Cold</u>	(11) AGE AT LAST BIRTHDAY <u>1</u> (Years)	(16) COLOR OR RACE <u>Cold</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>OK</u>	(18) BIRTHPLACE	(19) OCCUPATION <u>Public works</u>	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

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

(23) (Signature) Celia Haines Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Vasuvilla R.R.

Given name added from a supplemental report

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

(27) Filed Sept 28 19 6 (28) F. W. Rogers 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.