

WR N.E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.  
M.I McCaw, of Columbia FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Jamunville  
Township of Jamunville  
or  
Inc. Town of  
or  
City of  
(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  
43054

Registration District No. 1 Registered No. 1  
(For use of Local Registrar)  
Ward

(2) Full Name of Child

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

(3) BOY OR GIRL? M. (4) Twin or Triplet? (5) Number in order of birth  
*To be answered only in case of Twins or Triplets*

(6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10, 1915  
(Give of Month) (Day) (Year)

FATHER.

MOTHER.

(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

(14) NAME BEFORE MARRIAGE Nettie Lewis  
(15) PRESENT POSTOFFICE OF MOTHER Jamunville  
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Georgia  
(19) OCCUPATION House Girl  
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, Nettie Lewis, on the date above stated.  
(23) (Signature) W. H. H. H. (Hour A. M. or P. M.)  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
191  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 191 (28) 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.

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