

MARGIN RESERVED FOR INDEXING. WHITE PENCIL, 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

Township of

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

64413

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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 <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married? No	(7) DATE OF BIRTH June 8, 1916 <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER
(10) COLOR OR RACE	(16) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE	(18) BIRTHPLACE
(13) OCCUPATION	(19) OCCUPATION
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
(18) BIRTHPLACE	(19) OCCUPATION
(20) Number of children born to mother, including present birth	(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, who was born alive (at 8 o'clock P.M.) (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ann Gause

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Petersfield

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Dated June 12, 1916 (28) J. M. McCaw 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.