

FORM NO. 4  
 MARKING RESERVED FOR BINDING.  
 WHITE PENCIL. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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 6.  
 M.C.W. of Columbia  
 W. I. McCaw

(1) PLACE OF BIRTH

County of Union  
 Township of Union  
 or  
 Inc. Town of .....  
 or  
 City of Union (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  
47578

Registration District No. 42-A Registered No. 1  
 (For use of Local Registrar)

(2) Full Name of Child David Ballance Tart If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>(To be marked only in case of twins or triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>J. Hay Tart</u>		(14) NAME BEFORE MARRIAGE <u>Miss McCall</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Union S.C.</u>		(18) BIRTHPLACE <u>Swanboro, Ga.</u>		
(13) OCCUPATION <u>County Sheriff</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Four</u>		(21) Number of children of this mother now living, including present birth <u>Four</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Union S.C.

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 Jan 4 1916 (28) A. G. Garratt 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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