

VALUE 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.

(1) PLACE OF BIRTH
 County of Genever
 Township of Jano Bay
 or
 Inc. Town of Jano Bay
 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
85650

Registration District No. 2014 Registered No. 63
 (For use of Local Registrar)
 St.; _____ Ward
 (No. _____)

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

(3) BOY OR GIRL? _____ (4) Twin or Triplet? _____ (5) Number in order of birth _____
To be answered only in event of Twins or Triplets
 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Corleston Coward
 (9) PRESENT POSTOFFICE OF FATHER Bannockburn R.F.D.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19
(Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Mildred W. Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Bannockburn R.F.D.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 15
(Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2300 M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) Frank C. Schodde
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____
Phys Jano Bay 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 Dec 1 1916 (28) D. C. Keel 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.