

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.

McCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 OR
 Inc. Town of
 OR
 City of Union
 (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
74972

Registration District No. 42-A Registered No. 122
 (For use of Local Registrar)
 (No. Blountville St.; Ward)

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

(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 2, 1916</u> (Name of Month) (Day) (Year)
--	--	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Berry Ashields

(9) PRESENT POSTOFFICE OF FATHER Union SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Union CO SC

(13) OCCUPATION clerk

(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Jones

(15) PRESENT POSTOFFICE OF MOTHER Union SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Chester CO SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 69 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hays

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Union SC

Given name added from supplemental report
Amended P-1 MAY 19 1982

..... 19

Registrar

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

(27) Filed Aug 12, 1916 (28) J. G. Sarratt 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.