

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of ... *A. Sherill* ...Township of ... *Cedar Springs* ...

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

75332

Registration District No. ... *13* ... Registered No. ... *4* ...

(For use of Local Registrar)

(2) Full Name of Child ... *Rayett Elizabeth Childs* ... If child is not yet named, make supplemental report as directed(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? *yes*(7) DATE OF
BIRTH *August 30, 1914*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*David Childs*(9) PRESENT
POSTOFFICE
OF FATHER*Troy S.C. 4 D #1*(10) COLOR
OR
RACE*negro*(11) AGE AT LAST
BIRTHDAY*24*
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth*2*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Julia Eullen*(15) PRESENT
POSTOFFICE
OF MOTHER*Troy S.C. 4 D #1*(16) COLOR
OR
RACE*negro*(17) AGE AT LAST
BIRTHDAY*22*
(Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

Farmer's wife(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 ... *a girl* ... at ... *3* ... *P.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) ... *Rose L. Goodwin* ...

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

midwife *Troy S.C. P. 1*Given name added from a supplement-
tal report

....., 191.....

..... Registrar

(26) Witness ... *W. A. Glesner* ...
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Sept 1914* (28) *S. M. Wardlaw*
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.