

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 5.

McCaw of Columbia.

(1) PLACE OF BIRTH
County of Gauwaster
Township of Bufoard
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
64977

Registration District No. 2800 Registered No. 55
(For use of Local Registrar)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 19 1916
(Indicate only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Charlie Small

MOTHER.
(14) NAME BEFORE MARRIAGE Small

(9) PRESENT POSTOFFICE OF FATHER Gauwaster S.C.

(15) PRESENT POSTOFFICE OF MOTHER Gauwaster S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1

(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 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edgar Ellis (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Gauwaster S.C.

Given name added from a supplemental report

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

(27) Filed 7/1 1916 (28) J. D. Kiser 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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