

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Chesler  
 Township of Chesler  
 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.)  
 (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

76345

Registration District No. 1201 Registered No. 93  
 (For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make  
 supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 25-16  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur James Coulter  
 (9) PRESENT POSTOFFICE OF FATHER Chesler S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (12) BIRTHPLACE Marlboro Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Birtha Rainwater  
 (15) PRESENT POSTOFFICE OF MOTHER Chesler S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (Years)  
 (18) BIRTHPLACE Marlboro Co  
 (19) OCCUPATION Housewife  
 (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 9-2 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert L. Hardner  
 (24) State Whether Physician or Midwife Physician (25) Address of Physician or Midwife Chesler S.C.

Given name added from a supplement report

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

(27) Filed Sept-28-16 (28) R. D. Ingram  
 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.