

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Richard Arsky McEwell

File No.—For State Registrar Only

86652

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *3304*Registered No. *218*

(For use of Local Registrar)

(3) BOY OR
GIRL? *Boy*(4) Twin
or Triplet?(5) Number in
order of birth
3
To be answered only in case of Twins or Triplets(6) Are
Parents
Married? *Yes*(7) DATE OF BIRTH *Oct 9 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Frank B. McEwell*(9) PRESENT
POSTOFFICE
OF FATHER *Clio. R.F.D. #2*(10) COLOR
OR
RACE *white*(11) AGE AT LAST
BIRTHDAY *X*
(Years)(12) BIRTHPLACE *Clio*(13) OCCUPATION *Farmer*(14) Number of children born to
mother, including present birth *3*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Adelle Roper*(15) PRESENT
POSTOFFICE
OF MOTHER *Clio*(16) COLOR
OR
RACE *white*(17) AGE AT LAST
BIRTHDAY *X*
(Years)(18) BIRTHPLACE *near Clio*(19) OCCUPATION *House wife*(21) Number of children of this mother
now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *3:15 P.M.*
on the date above stated. (Born alive or stillborn) (Hour *PM* or P. M.)(23) (Signature) *Richard Arsky McEwell*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by marks)(27) Filed *Nov 15 1916*(28) *1916*

(29)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return as soon as 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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