

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.

(1) PLACE OF BIRTH **Wilmington** **CERTIFICATE OF BIRTH**
 County of **Wilmington** **STATE OF SOUTH CAROLINA.**
 Township of **Johnson** **Bureau of Vital Statistics**
 Inc. Town of **State Board of Health**
 City of **Johns Creek** Registration District No. **113.04** Registered No. **98**
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only
75119

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

(3) BOY OR GIRL? boy	(4) Twin or Triplet? <i>To be answered only in case of Twins or Triplets</i>	(5) Number in order of birth 5	(6) Are Parents Married? yes	(7) DATE OF BIRTH Aug. 26 1914 <i>(Name of Month) (Day) (Year)</i>
FATHER.		MOTHER.		
(8) FULL NAME H. D. Dumbrow	(14) NAME BEFORE MARRIAGE Wm. Taylor			
(9) PRESENT POSTOFFICE OF FATHER Johns Creek	(15) PRESENT POSTOFFICE OF MOTHER Johns Creek			
(10) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 30 <i>(Years)</i>	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 26 <i>(Years)</i>	
(12) BIRTHPLACE SC	(18) BIRTHPLACE SC			
(13) OCCUPATION Carpenter	(19) OCCUPATION Housewife			
(20) Number of children born to mother, including present birth 5	(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 **Johns Creek, S.C.** on the date above stated. (Born **live** or stillborn) (Hour **2:15** A. M. or P. M.)

(23) (Signature) **R. C. Caldwell, M.D.**

(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Johns Creek**

Given name added from a supplemental report
 _____, 191____

 Registrar

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

(27) Filed **Sept. 11 1914** (28) **L. R. Asd**
 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.