

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 Georgetown
Township of Newell

or
Inc. Town of Registration District No. 3582 Registered No. 82
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
74096

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

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

FATHER.
(8) FULL NAME Roswell B. Clark
(9) PRESENT POSTOFFICE OF FATHER West Union
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Pickens County
(13) OCCUPATION farming
(20) Number of children born to mother, including present birth { 5

MOTHER.
(14) NAME BEFORE MARRIAGE Eunice Moody
(15) PRESENT POSTOFFICE OF MOTHER West Union
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Georgetown Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Edline B. Gaybill
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness Oscar Miller
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 11 1916 (28) S. W. Smith
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.