

MARGIN RESERVED FOR BINDING.

WRITE FULLY, 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 YorkTownship of York

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

75295

Registration District No. 4405 Registered No. 109

(For use of Local Registrar)

## (2) Full Name of Child

Adeline Eum

{ 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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 23 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Crawford Eum

(9) PRESENT POSTOFFICE OF FATHER

York SC RFD # 7(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE

York Co SC

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth { 7 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Fanny Walker

(15) PRESENT POSTOFFICE OF MOTHER

York SC RFD # 7(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 29

(Years)

(18) BIRTHPLACE

York Co SC

(19) OCCUPATION

Housewife(21) Number of children of this mother new 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 born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. E. Eum

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeYork SC

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Jos. W. B. B. B.  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 24 1916 (28) Jos. W. B. B. B. 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.