

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.
W. H. McCaw, of Columbia

(1) PLACE OF BIRTH
County of North
Township of Bunch Creek
Inc. Town of
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
54163

Registration District No. 1116 Registered No. 17
(For use of Local Registrar)

St.: Ward:

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? No (5) Number in order of birth 1
To be answered only in event of Twin or Triplet's (6) Are Parents Married? No (7) DATE OF BIRTH Apr 4 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James H. King
(9) PRESENT POSTOFFICE OF FATHER ...
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE ...
(13) OCCUPATION ...
(16) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE ...
(15) PRESENT POSTOFFICE OF MOTHER ...
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE ...
(19) OCCUPATION ...
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Apr 7 1916 (28) ... 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.
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