

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Marlboro  
 Township of .....  
 or  
 Inc. Town of Bennettsville  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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  
73898

Registration District No. 33-A Registered No. 661  
 (For use of Local Registrar)

(2) Full Name of Child Lucy May Townsend 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 event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 9<sup>th</sup> 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Colson Townsend  
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39  
 (Years)  
 (12) BIRTHPLACE Bennettsville SC  
 (13) OCCUPATION Labourer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Fannie Stubb  
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE Bennettsville SC  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Four (21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Farr  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report  
 .....  
 ..... 19 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 12<sup>th</sup> 1916 (28) W. W. Pate 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.