

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 #5

or
 Inc. Town of

or
 City of Georgetown Plantation

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

No name David Rowling (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David Rowling

(9) PRESENT POSTOFFICE OF FATHER

Plantersville, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY (Years)

48

(12) BIRTHPLACE

Georgetown Plantation

(13) OCCUPATION

Labourer

(14) Number of children born to mother, including present birth

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Tunny

(15) PRESENT POSTOFFICE OF MOTHER

Plantersville, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY (Years)

15

(18) BIRTHPLACE

Georgetown County

(19) OCCUPATION

Labourer

(20) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. S. Buchanan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Georgetown, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed Apr 15 1916

(28) W. S. McCall Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

Registrar

(29) State whether Physician or Midwife

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