

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 York  
Township of Bullneck Creek  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

75221

Registration District No. 4403 Registered No. 45  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (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 3 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Henry White

(14) NAME BEFORE MARRIAGE Geneva Brown

(9) PRESENT POSTOFFICE OF FATHER Sharon, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38  
(Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21  
(Years)

(12) BIRTHPLACE York Co S.C.

(18) BIRTHPLACE York Co S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 1

(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 born alive at E. P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Brown

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sharon S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. E. McAliley  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 5 1916 (28) J. E. McAliley  
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.