

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.

McCauley of Columbia.

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Registered No. (For use of Local Registrar)

If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64390

County of Florence
Township of
Inc. Town of
City of

Registration District

Registered No. 7

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

(2) Full Name of Child Mac Rony Smith

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

Registered No. 7

If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME Warren Smith

(9) PRESENT POSTOFFICE OF FATHER Sassa City S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 25

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Ann Wilson

(15) PRESENT POSTOFFICE OF MOTHER Sassa City S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 19

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 A. M. on the date above stated.

(23) (Signature) A. Wilson

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 23 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.