

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.

McGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		83645	
Township of <u>Middleton</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4403</u>		Registered No. <u>74</u>	
or				(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 <u>Meleschur Rhodes</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 21</u> , 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Meleschur Rhodes</u>			(14) NAME BEFORE MARRIAGE <u>Mary Murray</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wedgfield</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wedgfield</u>		
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5-2</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Susan Murray</u>		(25) Address of Physician or Midwife <u>Wedgfield</u>			
(24) State whether Physician or Midwife <u>Midwife</u>		(26) Witness <u>M L Parbolt</u>			
Given name added from a supplemental report		(27) Filed <u>Oct 25</u> , 19 <u>16</u> (28) <u>M L Parbolt</u> 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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