

FORM NO. 4  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Marathon*

Township of *R.D. 1*

Inc. Town of

City of

(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

49902

Registration District No. *2305* Registered No. *20*

(For use of Local Registrar)

(2) Full Name of Child *August Floyd Ann*

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *Twins* (5) Number in order of birth *2nd* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 25 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Dacey McArthur*

(9) PRESENT POSTOFFICE OF FATHER *McCall SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *42* (Years)

(12) BIRTHPLACE *McCall SC*

(13) OCCUPATION *Physician*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Madie Ramsey*

(15) PRESENT POSTOFFICE OF MOTHER *McCall SC*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *37* (Years)

(18) BIRTHPLACE *Marion NC*

(19) OCCUPATION *Teaching*

(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *9:56* a.m. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) *Dacey McArthur*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *McCall SC*

Given name added from a supplemental report

191...

Registrar

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

(27) Filed *Feb 27 1916* (28) *Julius Conington* 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.