

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Calhoun
 Township of Six One
 or
 Inc. Town of

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

Registration District No. 502 Registered No. 127
 (For use of Local Registrar)

File No.—For State Registrar Only
75921

(2) Full Name of Child Virginia Buckray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH sep 8 1916
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Henry Buckray
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
 (Years)
 (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION farm hand
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Collet
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION housewife
 (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 6 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine Stovel
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews, S.C.

Given name added from a supplemental report

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 Registrar

(26) Witness Mrs. Keller
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed sep 12 1916 (28) W. J. Keller
 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.