

FORM NO. 7. MARGIN RESERVED FOR BINDIN G. 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.

(1) PLACE OF BIRTH
County of *Aiken*
Township of *Ward*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
75464

Registration District No. *214* Registered No. *35*
(For use of Local Registrar)

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

(2) Full Name of Child *Julia Lucile McGee* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? To be answered only in event of Twins or Triplets *1* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 27, 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *West McGee*
(9) PRESENT POSTOFFICE OF FATHER *Ridge Springs SC*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *29* (Years)
(12) BIRTHPLACE *Saluda Co*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth { *1* }

MOTHER.
(14) NAME BEFORE MARRIAGE *Batter*
(15) PRESENT POSTOFFICE OF MOTHER *Ridge Springs SC*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24* (Years)
(18) BIRTHPLACE *Saluda Co*
(19) OCCUPATION *Housewife of farm laborer*
(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 *alive* at *5: a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) *D. P. Smith M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Ridge Spring 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 *Sept 11, 1916* (28) *A. E. Derrick* 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.