

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 Permanell  
Township of Baldwin  
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

84402

Registration District No. 572 Registered No. 65  
(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 Cesar Haywood

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 29 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lorrie Haywood  
(9) PRESENT POSTOFFICE OF FATHER Appleton S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farm Labour

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Haywood  
(15) PRESENT POSTOFFICE OF MOTHER Appleton S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Farm Labour

(20) Number of children born to mother, including present birth 1 (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 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa McCare (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Appleton S.C.

Given name added from a supplemental report  
.....  
.....  
.....  
19 ..  
Registrar

(26) Witness F. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov 29 1916 (28) F. H. Boyd 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.