

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.
McCaw, of Columbia

Form No. 1.

(1) PLACE OF BIRTH

County of Barnwell
Township of Barnwell

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

48114

Inc. Town of Barnwell Registration District No. 501 Registered No. 17
(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. Baby (Child of Mrs) Davis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July, 26, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Curt Davis

(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Citrus Co.

(13) OCCUPATION Saw mill hand

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE May Paul Brown

(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Barnwell Co.

(19) OCCUPATION Wash woman

(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Robert H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Barnwell S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 27, 1916

(28) Robert H. H. H. 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.