

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 Union

Township of Bozartville

or
Inc. Town of

City of Buffalo

(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

79565

Registration District No. H2B

Registered No. 63

(For use of Local Registrar)

(2) Full Name of Child, Cora Lee White

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

(3) ~~Still~~ GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Sept. 21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James White

(9) PRESENT POSTOFFICE OF FATHER Buffalo

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Graham County N.C.

(13) OCCUPATION Weaver

(20) Number of children born to mother, including present birth { Four }

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Messin

(15) PRESENT POSTOFFICE OF MOTHER Buffalo

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Haywood County N.C.

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth { Four }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Quinn

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Buffalo, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 30 1916 (28) J. M. L. Woodward 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.