

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. R.—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, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Laurie
 Township of Hunter
 or
 Inc. Town of
 or
 City of Clinton
 (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
92601

Registration District No. 2912 Registered No. 2
 (For use of Local Registrar)
 (No. 26 Sloane St.; 5 Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child -----

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 24 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>James Elder Painter</u>	(14) NAME BEFORE MARRIAGE <u>Mollie Ophelia Shoud</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Clinton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Clinton S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>O.C.</u>	(13) OCCUPATION <u>Cotton mill op.</u>	(18) BIRTHPLACE <u>Spartanburg Co. S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Female at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Lee Young, M.D.
 (24) State whether Physician or Midwife (25) Address of physician or Midwife Clinton S.C.

Given name added from a supplemental report

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

(27) Filed Jan 30 1917 (28) J. W. Bailey
 Registrar Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.