

MARGIN RESERVED FOR BINDING.
 WHITE 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.

of Columbia.
 McCaw.

(1) PLACE OF BIRTH
 County of York
 Township of Bulllick Green
 or
 Inc. Town of
 or
 City of
 (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
50787

Registration District No. 4403 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child Charley McCaw } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 20 1916
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Lawson McCaw (14) NAME BEFORE MARRIAGE Hattie Wilson

(9) PRESENT POSTOFFICE OF FATHER Sharon H 1 (15) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32
 (Years) (Years)

(12) BIRTHPLACE York Co. S.C. (18) BIRTHPLACE York Co. S.C.

(13) OCCUPATION Farming (19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 9 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. Hays (24) State whether Physician or Midwife (25) Address of Physician or Midwife McCalley

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 Mar 8 1916. (28) J. E. McClellan 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.

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