

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *York*
Township of *Fort Mill*
OR
Inc. Town of *Fort Mill*
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75259

Registration District No. *4406*

Registered No. *64*
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(6) Number in order of birth	(8) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug 16, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>T. W. Gallman</i>			(14) NAME BEFORE MARRIAGE <i>E. M. Brighton</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Fort Mill</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Fort Mill S.C.</i>	
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>20</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)	
(12) BIRTHPLACE <i>Union S.C.</i>			(18) BIRTHPLACE <i>Asheville S.C.</i>	
(13) OCCUPATION <i>Mill Operative</i>			(19) OCCUPATION <i>House wife</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive &* at *9 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R. T. H. [Signature]*
(24) State whether Physician or Midwife *M.D.* (25) Address of Physician or Midwife *Fort Mill 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 *9-5-16* (28) *A. F. Parker* 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.