

McCawley of Columbia, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Abbe Co.
 Township of Durham
 OF
 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
50877

Registration District No. 106 Registered No. 16
 (For use of Local Registrar)

(2) Full Name of Child Mary Ester Gordon

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb 13</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	<u>Amanda Gordon</u>
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	<u>Durham S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>		(16) COLOR OR RACE	<u>negro</u>
(12) BIRTHPLACE			(17) AGE AT LAST BIRTHDAY <small>(Years)</small>	<u>17</u>
(13) OCCUPATION			(18) BIRTHPLACE	<u>Abbe Co</u>
			(19) OCCUPATION	<u>School Girl</u>
20) Number of children born to mother, including present birth			21) Number of children of this mother now living, including present birth	
..... <u>1</u> <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Pressley

(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Durham S.C.

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 Apr 12 1916 (28) J. C. Tribble, Jr.
 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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