

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 Cherokee
 Township of
 or
 Inc. Town of Aspflury
 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

Registration District No. 100 Registered No. 132
 (For use of Local Registrar)

(No. St.; Ward)

File No.—For State Registrar Only
76167

(2) Full Name of Child Thomas W. Starn (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>1904</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sep 20 1904</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------	---------------------------------------	-------------------------------------	--

FATHER.		MOTHER.	
(8) FULL NAME <u>Chas Thomas Starn</u>	(14) NAME BEFORE MARRIAGE <u>Fannie Oxford</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Aspflury</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Aspflury</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>21</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>mill op</u>	(18) BIRTHPLACE <u>N.C.</u>	(19) OCCUPATION <u>domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 M., on the date above stated. (Normally or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary E. Fry

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Mar...

Given name added from a supplemental report

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

(27) Filed Apr 1 1905 (28) M. J. D. Smith
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.