

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74909

Registration District No. 41051 Registered No. 106
 (For use of Local Registrar)

City of (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 Ben Amerll If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|---|------------------------------|---------------------------------------|---|
| (3) BOY OR GIRL? <u>Boy</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>No</u> | (7) DATE OF BIRTH <u>Aug 12 1916</u> (Name of Month) (Day) (Year) |
|--------------------------------|---|------------------------------|---------------------------------------|---|

FATHER.

(8) FULL NAME Red Amerll

(9) PRESENT POSTOFFICE OF FATHER Providence A.C.

(10) COLOR OR RACE Coloud (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE A.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Johnson

(15) PRESENT POSTOFFICE OF MOTHER Providence A.C.

(16) COLOR OR RACE Coloud (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE A.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Ann Parker
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence A.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkette
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 19 1916 (28) B. M. Laylin 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.