

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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.

(1) PLACE OF BIRTH

County of Wm. Burg.Township of HopeInc. Town of HopeCity of Hope

(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

75090

Registration District No. 4301 Registered No. 319

(For use of Local Registrar)

(2) Full Name of Child Hattie June { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Bob June(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Wm. Burg Co.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth { Two }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Friessen(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Wm. Burg Co.(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth { Two }

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) D. S. S. S.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Greenville, 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 Sept. 7, 1916 (28) E. G. Taylor, M.D. 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.