

WHITE PLAINLY, WITH WRITING LIKE THIS IN A RECORDED BOOK FOR EACH CHILD, and mark the FIRST-BORN, and the OTHERS, in the order of birth.

W.R. McCaw

1. PLACE OF BIRTH
 County of *Marion*
 Township of *Calhoun*
 Loc. Town of
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43083

Registration District No. *11* Registered No. *11*
 (For use of Local Registrar)
 St.; _____ Ward)

2. Full Name of Child *Mary Winnie Colver*
 If child is not yet named, make supplemental report as directed

Sex of Child *girl*
 Date of Birth _____
 Number in Order of Birth _____

Age of Parents *74* (7) DATE OF BIRTH *Dec 8* 191*1*
 (8) Month (Days) (Years)

FATHER.

Sadie Colver
Peter R.D. #3
white
SC
Farmer
6'

MOTHER.

(1) NAME BEFORE MARRIAGE *Mary Etta Colver*
 (2) PRESENT POSTOFFICE OF MOTHER *Peter*
 (3) COLOR OR RACE *white* (4) AGE AT LAST BIRTHDAY *28* (Years)
 (5) BIRTHPLACE *SC*
 (6) OCCUPATION *house wife*
 (7) Number of children of this mother, including present birth *6'*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) *Aline* at *8* A.M.
 (24) State whether Physician or Midwife *Phys* (25) Address of Physician or Midwife *Peter*

Given name added from a supplemental report

Witness _____
 Child *12/10* 191*1* Local Registrar *W. A. ...*

*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.