

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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Fairview
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
77266

Registration District No. 7206 Registered No. 110
 (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..... } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ Girl (4) Twin or Triplet? One (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 22, 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wayman Witha Folsom</u>	(14) NAME BEFORE MARRIAGE <u>Jane Hazel</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville S.C.</u>
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Leavenworth Co</u>	(18) BIRTHPLACE <u>Leavenworth Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. J. Shaw M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn, 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) Filled Oct 10 1916 (28) J. B. Bunkett 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.