

McCaw, of Columbia
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville

Township of Donauda

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Bessie Laron

File No.—For State Registrar Only

62790

Registered No. 109
(For use of Local Registrar)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

9

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH June 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John D. Laron

(9) PRESENT POSTOFFICE OF FATHER

Honea Pata S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

Summers Co

(13) OCCUPATION

Farming

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Morrison

(15) PRESENT POSTOFFICE OF MOTHER

Honea Pata S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Abbeville Co

(19) OCCUPATION

Dom

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

John W. Laron

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Honea Pata S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

July 8, 1916

(28)

W. M. Thompson, Jr.
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.

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