

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 McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Abbeville
Township of Donalds
OF
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
45119

(2) Full Name of Child William B. Bobo } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 5th (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 4, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Arthur L. Bobo
(9) PRESENT POSTOFFICE OF FATHER Donalds
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farm Tenant
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie Johnson
(15) PRESENT POSTOFFICE OF MOTHER Donalds
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Anderson Co
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. H. Carlton
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Donalds

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 Jan 10, 1916 (28) W. H. Humphrey 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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