

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.

N. 1

McCaw

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Lowdenville  
 or  
 Inc. Town of ..... Registration District No. 1002 Registered No. 2  
 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  
45713

(2) Full Name of Child Margaret Elizabeth Lutz } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Henry Lutz  
 (9) PRESENT POSTOFFICE OF FATHER Greenville, N.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Greenville, S.C.  
 (13) OCCUPATION Machinist  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Elizabeth Rivers McCallister  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Greenville, S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 10:30 A.M.

(23) (Signature) A. L. Little  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wilmington, 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 June 15 1916 (28) A. L. Little 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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