

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.
M. B.—McCaw, of Columbia
McCaw.

(1) PLACE OF BIRTH

County of Cherokee
Township of Landsford
or
Inc. Town of
or
City of
(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
59197

Registration District No. 1105 Registered No. 115
(For use of Local Registrar)
City of (No. St.; Ward)
(2) Full Name of Child Maggie Fudge 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH May 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Fudge
(9) PRESENT POSTOFFICE OF FATHER Edgmore RFD
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Cherokee Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Ferguson
(15) PRESENT POSTOFFICE OF MOTHER Edgmore RFD
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Cherokee
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. Hines
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Richman, S. C.

Given name added from a supplemental report

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

(27) Filed 5/27 1916 (28) H. J. McSwain 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.

Registrar

Local Registrar

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