

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 on No. 1. THE OTHER, No. 2, etc., in question 8.

Cav. of Columbia.

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Russell

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**59213**

Inc. Town of ..... Registration District No. 1107 Registered No. 24  
(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 William May McCollough If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Bo (4) Twin or triplet? ..... (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 4 19 16  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John McCollough  
(9) PRESENT POSTOFFICE OF FATHER Great Falls SC  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Cherokee Co SC  
(13) OCCUPATION Laborer on Contbook  
(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Army Crawford  
(15) PRESENT POSTOFFICE OF MOTHER Great Falls SC  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Cherokee Co SC  
(19) OCCUPATION Housewife  
(20) 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 12 30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Lizabeth McCollough  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Great Falls SC

Given name added from a supplemental report  
John D. 10. 1916.  
Chomley  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 429 6 1916 (28) H. T. Venable 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.

FIFTH MONTH OF PREGNANCY.