

MARGIN RESERVED FOR BINDING.
 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.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|-------------------------------------|---------------------------------------|---|---|-------------------------------------|
| County of <u>Chesterfield</u> | | STATE OF SOUTH CAROLINA. | | 76377 | |
| Township of <u>Jefferson</u> | | Bureau of Vital Statistics | | | |
| or Inc. Town of | | State Board of Health | | | |
| City of | | Registration District No. <u>1244</u> | | Registered No. <u>68</u> | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | (No. St.; Ward) | | (For use of Local Registrar) | |
| (2) Full Name of Child <u>George Middleton</u> | | | If child is not yet named, make supplemental report as directed | | |
| (3) BOY OR GIRL <u>GIRL</u> | (4) Twin or Triplet? | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? | (7) DATE OF BIRTH <u>Sept 17</u> , 191 <u>0</u> | (Name of Month) (Day) (Year) |
| FATHER | | | MOTHER | | |
| (8) FULL NAME <u>Haskell Middleton</u> | | | (14) NAME BEFORE MARRIAGE <u>Wife Lowery</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Jefferson</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Jefferson</u> | | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>30</u> | (12) BIRTHPLACE <u>Chesterfield</u> | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY <u>19</u> | (18) BIRTHPLACE <u>Chesterfield</u> |
| (13) OCCUPATION <u>farming</u> | | | (19) OCCUPATION <u>House wife</u> | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | | (21) Number of children of this mother now living, including present birth <u>2</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3</u> a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>ame Raby</u> | | | | | |
| (24) State whether Physician or Midwife <u>Mid wife</u> (25) Address of Physician or Midwife <u>Bethune</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
|, 191.... | | | <u>Sept 18 6</u> 191.... (28) <u>D. H. Beachard</u> Local Registrar. | | |
| 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.