

McCaW, of Columbia.

MARGIN RESERVED FOR BINDING.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS

McCaW, of Columbia.

**(1) PLACE OF BIRTH**  
County of Spokane  
Township of Reynolds  
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

Registration District No. 4007 Registered No. 121  
(For use of Local Registrar)

**(2) Full Name of Child** ..... { If child is not yet named, make supplemental report as directed

(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
				<u>Oct. 5 1916</u>

<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME	<u>Furnan Bidwell</u>	(14) NAME BEFORE MARRIAGE	<u>Mellie Haynie</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Moore, R.D. 1, D.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Moore, D.C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY <small>(Years)</small>	<u>29</u>	(17) AGE AT LAST BIRTHDAY <small>(Years)</small>	<u>22</u>
(12) BIRTHPLACE	<u>Moore, D.C., R.D. 1</u>	(18) BIRTHPLACE	<u>Hudson Co., D.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

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

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife  
Spokane, D.C.

Given name added from a supplement-  
tal report ..... 191...  
.....  
Registrar

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

(27) Filed 11/9 191... (28) [Signature]  
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.