

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
 County of Lee
 Township of Bishopville
 or
 Inc. Town of Bishopville Registration District No. 30 A Registered No. 2
 or
 City of Bishopville (No. 1 St.; 1 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie May Fisher } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 3 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Geo. W. Fisher
 (9) PRESENT POSTOFFICE OF FATHER Bishopville
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Bishopville
 (13) OCCUPATION merchant
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Ada R. Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Bishopville
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. A. Fisher(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan. 19, 1916 (28) Mrs. N. J. Lang Sub 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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