

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Williamsonburg  
 Township of Penn  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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  
75152

Registration District No. 4308 Registered No. .... 78 ....  
 (For use of Local Registrar)

(2) Full Name of Child James Oniel Amaker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Jacob Oniel Amaker

(9) PRESENT POSTOFFICE OF FATHER North S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE E. W. McCollough

(15) PRESENT POSTOFFICE OF MOTHER North S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Williamsonburg S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:14 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. Bennett

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Kingston St.

Given name added from a supplemental report

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..... 19 .....

Registrar

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

(27) Filed Sept 8th 19 16 (28) Albert R. Mosley 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.