

McCaw, J. Cay. of Columbia. No. 1. 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.

(1) PLACE OF BIRTH

County of Horry Co.

Township of Simpson Creek

or  
Inc. Town of

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

File No.—For State Registrar Only

90407

Registration District No. .... Registered No. 184  
(For use of Local Registrar)

(2) Full Name of Child Elah C. McCormie

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 3<sup>rd</sup>  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 30  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph McCormie

(9) PRESENT POSTOFFICE OF FATHER

Allsbrook SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE

Horry Co SC

(13) OCCUPATION

Farming

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

three

MOTHER.

(14) NAME BEFORE MARRIAGE

Francis Carter

(15) PRESENT POSTOFFICE OF MOTHER

Allsbrook SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE

Horry Co SC

(19) OCCUPATION

house wife

(21) 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 Five a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. M. Prince

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Allsbrook SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 3 1916

(28) J. A. Bryan 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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