

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. McCay, of Columbia.

(1) PLACE OF BIRTH  
 County of *Saluda*  
 Township of *W.S.*  
 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  
**74640**

Registration District No. *3904* Registered No. *30*  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet?  (5) Number in order of birth ..... (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 73* 19*16*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME *Charles Morris Attaway*  
 (9) PRESENT POSTOFFICE OF FATHER *Choppers Fork*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *22* (Years)  
 (12) BIRTHPLACE *Saluda Co SC*  
 (13) OCCUPATION *Farming*  
 (20) Number of children born to mother, including present birth *1*

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE *Orzema Deloach*  
 (15) PRESENT POSTOFFICE OF MOTHER *Choppers Fork*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *17* (Years)  
 (18) BIRTHPLACE *Saluda SC*  
 (19) OCCUPATION *Housewife*  
 (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 ..... at *11 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) *W. D. [Signature]*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Saluda SC*

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed ..... 191..... (28) Local Registrar *111*

\*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.