

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.

MCGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Christopher</i>		STATE OF SOUTH CAROLINA		76333	
Township of <i>Allegator</i>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <i>1222</i>		Registered No. <i>74</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child					
<div style="display: flex; justify-content: space-between;"> <div> <p>(3) BOY OR GIRL? <i>Girl</i></p> <p>(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i></p> <p>(5) Number in order of birth</p> </div> <div> <p>(6) Are Parents Married? <i>Yes</i></p> <p>(7) DATE OF BIRTH <i>Sept 29, 1916</i></p> <p>(Name of Month) (Day) (Year)</p> </div> </div>					
FATHER.			MOTHER.		
(8) FULL NAME <i>Lucas R. Stokes</i>			(14) NAME BEFORE MARRIAGE <i>Melita Huester</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>McBee</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>McBee</i>		
(10) COLOR OR RACE <i>W</i>			(17) AGE AT LAST BIRTHDAY <i>18</i>		
(11) AGE AT LAST BIRTHDAY <i>22</i> (Years)			(18) BIRTHPLACE <i>SC.</i>		
(12) BIRTHPLACE <i>SC.</i>			(19) OCCUPATION <i>Housewife</i>		
(13) OCCUPATION <i>Farmer</i>			(20) Number of children of this mother now living, including present birth <i>One</i>		
(20) Number of children born to mother, including present birth <i>One</i>			(21) Number of children of this mother now living, including present birth <i>One</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Alive</i> at <i>12</i> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>B. F. Norwood</i>					
(24) State whether Physician or Midwife <i>Phys</i>					
(25) Address of Physician or Midwife <i>McBee</i>					
Given name added from a supplemental report			(26) Witness		
..... 19			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrator			(27) Filed <i>9/29/16</i>		
			(28) <i>J. M. Butts</i> 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.					