

MAILED SEPTEMBER 10 1916  
 THIS PLAIN, WITH AFFIDAVIT OF PREGNANT WOMAN, IS A PRELIMINARY REPORT.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia

(1) PLACE OF BIRTH

County of LowndesTownship of Irishman

or

Inc. Town of

or

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

51995

Registration District No. 1704 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child... not named

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

(3) BOY OR

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March 29 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Fulton Quattlebaum

(9) PRESENT POSTOFFICE OF FATHER

Harleysville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

Dor Co

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Knight

(15) PRESENT POSTOFFICE OF MOTHER

Harleysville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

Dor Co

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Julia WilliamsHarleysville S.C.

(26) Witness

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

(27) Filed Mar 30 1916(28) L. H. McKissick  
Local Registrar

Given name added from a supplemental report

191.....  
Register

\*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.