

McCaw of Columbia
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 Use separate blank for each child, and mark the

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Due West
 OF
 Inc. Town of _____
 OR
 City of _____ Registration District No. 106 Registered No. 17
(For use of Local Registrar)
(No. of hospital or other institution, give name of same instead of street and number.) St.: _____ Ward: _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
50878

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

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Louise Grier</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Anderson St.</u>		
(10) COLOR OR RACE <u>negro</u>		(11) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(14) NAME BEFORE MARRIAGE <u>Lucile Miller</u>	
(12) BIRTHPLACE <u>Due West S.C.</u>		(13) OCCUPATION <u>Driver</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson St.</u>	
(16) Number of children born to mother, including present birth <u>1. One</u>		(17) COLOR OR RACE <u>negro</u>	(18) BIRTHPLACE <u>Due West S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1. One</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 8:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. L. P. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Due West S.C.

Given name added from a supplemental report _____ _____ _____ Registrar	(26) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <u>Jan 10 1916</u> (28) <u>J. C. Trubbs</u> <small>Local Registrar</small>
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*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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