

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Abbeville

Township of One West

Inc. Town of —

City of —

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50878

Registration District No. 106 Registered No. 17

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u>	(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> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Louise Grier</u>			(14) NAME BEFORE MARRIAGE <u>Lucile Miller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>One West S.C.</u>			(18) BIRTHPLACE <u>One West S.C.</u>	
(13) OCCUPATION <u>Driver</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. Ressler

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife One West S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 10, 1916 (28) J. C. Trubbs 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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