

MCCRAW OF COLUMBIA, COLUMBIA, S. C. PATENT NO. 1,175,000, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Berkley
Township of St. Stephens
or
Inc. Town of

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

File No. — For State's Registrar Only
88587

Registration District No. 705 Registered No. 818
(For use of Local Registrar) -)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Mustopher
(9) PRESENT POSTOFFICE OF FATHER Pineville, S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 44
(12) BIRTHPLACE Berkley Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Selma Prideman
(15) PRESENT POSTOFFICE OF MOTHER Pineville S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Berkley Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated.
(For alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lydia T. Jordan
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Pineville, S.C.

Given name added from a supplemental report
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(26) Witness R. M. Boykin
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 5, 1916 (28) R. M. Boykin
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.