

NEVER FADING 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.

McCaw, of Columbia

COUNTY OF <u>Gaspar</u>		TOWNSHIP OF <u>Rehoboth</u>		INC. TOWN OF <u>Rehoboth</u>		CITY OF <u>Rehoboth</u>	
(1) PLACE OF BIRTH				BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH			
County of <u>Gaspar</u>				Registration District No. <u>1602</u>			
Township of <u>Rehoboth</u>				Registered No. <u>75</u>			
Inc. Town of <u>Rehoboth</u>				(For use of Local Registrar)			
City of <u>Rehoboth</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number)			
(2) Full Name of Child <u>Diep Monnery</u>				If child is not yet named, name supplemented report is desired			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 10 1916</u>		(8) NAME BEFORE MARRIAGE <u>Anna Orange</u>	
FATHER				MOTHER			
(9) FULL NAME <u>Raymond Pinkney</u>				(10) NAME BEFORE MARRIAGE <u>Anna Orange</u>			
(11) PRESENT POSTOFFICE OF FATHER <u>Marion S.C.</u>				(12) PRESENT POSTOFFICE OF MOTHER <u>Marion S.C.</u>			
(13) COLOR OR RACE <u>Black</u>				(14) AGE AT LAST BIRTHDAY <u>28</u>			
(15) BIRTHPLACE <u>S.C.</u>				(16) BIRTHPLACE <u>S.C.</u>			
(17) OCCUPATION <u>Farming</u>				(18) OCCUPATION <u>Farm Help</u>			
(19) Number of children born to mother, including present birth <u>Four</u>				(20) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(21) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)							
(22) (Signature) <u>Mary Ann Jackson</u>							
(23) State whether Physician or Midwife <u>Midwife</u>							
(24) Address of Physician or Midwife <u>Marion S.C.</u>							
Given name added from a supplemental report							
(25) Witness <u>Geo C. Richards</u>							
(26) Filed <u>Jan 11 1916</u>							
(27) Registrar <u>Geo C. Richards</u>							

*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.