

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING 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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter S. C.
Township of Sumter
OF country
Inc. Town of country
OF country
City of country

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
87659

Registration District No. 14108 Registered No. 120
(For use of Local Registrar)

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

(2) Full Name of Child Gerrie Chattno

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married yes

(7) DATE OF BIRTH Nov 11/1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Petter Chattno

(9) PRESENT POSTOFFICE OF FATHER Sumter portoryrie

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 45

(12) BIRTHPLACE mergroun

(13) OCCUPATION

farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Senara Chattno

(15) PRESENT POSTOFFICE OF MOTHER Sumter portoryrie

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38

(18) BIRTHPLACE mergroun

(19) OCCUPATION

farmer

(21) Number of children of this mother now living, including present birth 11 head

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Hattie Nelson at Sumter S. C., on the date above stated. (Born alive or stillborn) (Hour 4 P. M.)

(23) (Signature) Hattie Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

R. G. H. B. 59
Sumter S. C.
Registrar

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

(27) Filed No. 14 (28) W. G. H. B. 59 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.