

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.

(1) PLACE OF BIRTH  
 County of Florence  
 Township of Taus Bay  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**46238**

Registration District No. 2014 Registered No. 2  
 (For use of Local Registrar)

(2) Full Name of Child Goal Meles Harrell ; If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH— <u>Jan. 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Rureh Harrell</u>	(14) NAME BEFORE MARRIAGE <u>Mande Gail Miller</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Effingham S.C. R.F.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham S.C. R.F.D.</u>			
(10) COLOR OR FACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Florence Co. S.C.</u>	(18) BIRTHPLACE <u>Florence Co. S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.,  
 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) S. P. Lucas  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 26 1916 (28) D. C. Heil 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.