

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 Pans Bay

or

Inc. Town of

or

City of

(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 Gail Miller Harrell

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 —

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 19, 1916  
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Burch Harrell

(9) PRESENT POSTOFFICE OF FATHER Effingham S.C. R.F.D.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE Florence Co. S.C.

(13) OCCUPATION Farmer

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

(14) NAME BEFORE MARRIAGE Maudie Gail Miller

(15) PRESENT POSTOFFICE OF MOTHER Effingham S.C. R.F.D.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE Florence Co. S.C.

(19) OCCUPATION Domestic

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

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) Dr. P. Lucas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Florence 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 26, 1916

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(28)

D. C. Heile 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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