

(1) PLACE OF BIRTH  
 County of Marlboro  
 Township of McC Cell  
 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  
82756

Registration District No. 3305 Registered No. 25  
 (For use of Local Registrar)

(2) Full Name of Child Traiss William } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug, 2 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Traiss William  
 (9) PRESENT POSTOFFICE OF FATHER McC Cell  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Mill Worker  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE L. M. Gee  
 (15) PRESENT POSTOFFICE OF MOTHER McC Cell  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Richmond, Va.  
 (19) OCCUPATION Mill Worker  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born at 9:00 a.m.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) A. M. Paul  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife McC Cell 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 Oct 30 1916 (28) J. C. Conroy Local Registrar

WRITE LEGIBLY, 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.

\*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.