

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—  
N. E.—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.

McCauley of Columbia.	
(1) PLACE OF BIRTH County of <u>Greenville</u> Township of <u>Caneel</u> 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 <b>85873</b>	
Registration District No. <u>22/13</u> Registered No. <u>76</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Mary Florence Hill</u> If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Twin</u> (5) Number in order of birth <u>1st</u> (6) Are Parents Married? <u>yes</u> (7) DATE OF BIRTH <u>Oct. 29, 1916</u> (Name of Month) (Day) (Year)
FATHER.	
(8) FULL NAME <u>Washington Luther Hill</u>	(14) NAME BEFORE MARRIAGE <u>Rosa Jefferds Henry</u>
(9) PRESENT POSTOFFICE OF FATHER <u>R. #1 Taylors S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>R. #1 Taylors S.C.</u>
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Columbia M.C.</u>	(18) BIRTHPLACE <u>Caneel S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7-26 P.</u> M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.	
(23) (Signature) <u>David B. Jackson M.D.</u>	
(24) State whether Physician or Midwife <u>Practicing Physician</u> (25) Address of Physician or Midwife <u>R. #3 Greer S.C.</u>	
Given name added from a supplemental report ....., 191..... ..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Albert Williams</u> (27) Filed <u>Nov 30</u> 1916 (28) <u>Albert Williams</u> 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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