

N. B. McCaw, of Columbia
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
62786

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
Inc. Town of Abbeville
City of Abbeville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 104 Registered No. 43
(For use of Local Registrar)
St.; (Ward)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Geo Lester Marrow
(9) PRESENT POSTOFFICE OF FATHER Iva S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years) (12) BIRTHPLACE Anderson Co.
(13) OCCUPATION Farming
(14) NAME BEFORE MARRIAGE Well Prime Hall
(15) PRESENT POSTOFFICE OF MOTHER Iva S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years) (18) BIRTHPLACE Abbeville Co.
(19) OCCUPATION Home Keeping
(20) Number of children born to mother, including present birth One
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

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

(26) Witness [Signature]
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 6/20/16 (28) [Signature] 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.

Registrar

Local Registrar

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