

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 *McLain*  
 Township of *Purchant*  
 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  
**62763**

Registration District No. *101* ..... Registered No. *26*  
 (For use of Local Registrar)

(2) Full Name of Child *Lencie Sibert* ..... } If child is not yet named, make supplemental report as directed

(3) <b>BOY OR GIRL?</b> <i>Girl</i>	(4) <b>Twin or Triplet?</b> <i>No</i> <small>To be answered only in event of Twins or Triplets</small>	(5) <b>Number in order of birth</b> <i>1</i>	(6) <b>Are Parents Married?</b> <i>Yes</i>	(7) <b>DATE OF BIRTH</b> <i>June 30</i> , 191 <i>6</i> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) <b>FULL NAME</b> <i>Ed Sibert</i>		(14) <b>NAME BEFORE MARRIAGE</b> <i>Lura Genter</i>		
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <i>McCormick &amp; Co</i>		(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <i>McCormick &amp; Co</i>		
(10) <b>COLOR OR RACE</b> <i>Col</i>	(11) <b>AGE AT LAST BIRTHDAY</b> <i>33</i> <small>(Years)</small>	(16) <b>COLOR OR RACE</b> <i>Col</i>	(17) <b>AGE AT LAST BIRTHDAY</b> <i>27</i> <small>(Years)</small>	
(12) <b>BIRTHPLACE</b> <i>Abbeville County</i>		(18) <b>BIRTHPLACE</b> <i>Abbeville County</i>		
(13) <b>OCCUPATION</b> <i>Farmer</i>		(19) <b>OCCUPATION</b> <i>House wife</i>		
(20) <b>Number of children born to mother, including present birth</b> <i>Five</i>		(21) <b>Number of children of this mother now living, including present birth</b> <i>Five</i>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *born* at *9* ..... P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. M. Brown*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife  
*McCormick & Co*

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 *June 29*, 191*6* .. (28) *J. B. L. Anderson*  
 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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