

WHILE PLACED, WITH THE ABOVE, THIS IS A COPIED FROM THE

N. H.—In case of twins or triplets use a separate form for each child and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3

McCaw, of Columbia

(1) PLACE OF BIRTH
 County of Richmond
 Township of Richmond
 or
 Inc. Town of Richmond
 or
 City of Richmond (No. 4021)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Files No.—For State Registrar Only
46179

Registration District No. 20-A Registered No. 1
 (For use of Local Registrar)

St.; 1 Ward)

(2) Full Name of Child John B. Craft If child is not yet named, make supplemental report as directed

| | | | | |
|---|---|--|--|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 2 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>John B. Craft</u> | | | (14) NAME BEFORE MARRIAGE <u>John B. Craft</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Richmond</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>21</u> Years | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> Years | |
| (12) BIRTHPLACE <u>Richmond</u> | | | (18) BIRTHPLACE <u>Richmond</u> | |
| (13) OCCUPATION <u>None</u> | | | (19) OCCUPATION <u>None</u> | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John B. Craft

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

Given name added from a supplemental report
John B. Craft, 1916
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John B. Craft

(27) Filed Jan 2 1916 (28) John B. Craft 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 John B. Craft Local Registrar John B. Craft

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