

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

*Florence*

Township of

or

Inc. Town of

or

City of

*Ferr*

(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

72658

Registration District No.

*20.A*

Registered No.

*187*

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

*boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

*June 19 1916*

## FATHER.

(8) FULL NAME

*Early T. Whitten*

(9) PRESENT POSTOFFICE OF FATHER

*Ferr S.C.*

(10) COLOR OR RACE

*w*

(11) AGE AT LAST BIRTHDAY

*31*

(Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Merchant*

(20) Number of children born to mother, including present birth

*5*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Mrs. J. S. S. S.*

(15) PRESENT POSTOFFICE OF MOTHER

*Ferr S.C.*

(16) COLOR OR RACE

*w*

(17) AGE AT LAST BIRTHDAY

*31*

(Years)

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*Domestic*

(21) Number of children of this mother now living, including present birth

*5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4:40* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Wm. C. C. C.*

(24) State whether Physician or Midwife

*Phys.*

(25) Address of Physician or Midwife

*Ferr 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

*June 28*

191.....

(28)

*M. H. J. J.*

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.