

WHITE 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Citron</u>		STATE OF SOUTH CAROLINA.		47885	
Township of <u>Rocky Spring</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>206</u>		Registered No. <u>111</u>	
or				(For use of Local Registrar)	
City of		(No. _____) St.; _____ Ward			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Daniel Ott</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 29 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Daniel Ott</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Steadman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kilbuck Mills, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kilbuck Mills, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Citron Co.</u>			(18) BIRTHPLACE <u>Citron Co.</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>2:00 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Ann Mathers</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Kilbuck Mills, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>W. Steadman</u> (Signature of Witness necessary only when question 23 is signed by mark)		
191...			(27) Filed <u>June 6 1916</u> (28) <u>Deis</u> Local Registrar		
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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County of <u>Rocky Spring</u>		STATE OF SOUTH CAROLINA.		41000	
Township of <u>Rocky Spring</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>216</u>		Registered No. <u>13</u>	
				(For use of Local Registrar)	