

WHEN FILLING, WITH UNFOLDING, USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK, No. 1, THE OTHER, No. 2, etc., in question 5.
MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of _____
or
Inc. Town of Richmond
or
City of _____
(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
90011

Registration District No. 772 Registered No. 77
(For use of Local Registrar)
(No. _____ 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? no (5) Number in order of birth no (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 1, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Burton
(9) PRESENT POSTOFFICE OF FATHER Richmond
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(Years) (12) BIRTHPLACE Greenville Co
(13) OCCUPATION Mill work
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE John Thompson
(15) PRESENT POSTOFFICE OF MOTHER Richmond
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(Years) (18) BIRTHPLACE Greenville Co
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:20 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. W. Campbell
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 90011 19 16 (28) R. F. Phelps 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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