

MARGIN RESERVED FOR BINDING.

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Court House  
 OR  
 Inc. Town of.....  
 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  
**76360**

Registration District No. 1703 Registered No. 164.....  
 (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? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 3 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Alberta Turnage  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee Co #3  
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE Cherokee Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mamie Buchanan  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee Co #3  
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Cherokee Co  
 (19) OCCUPATION Help on Farm  
 (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 Home Clin. at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elba Love  
 (24) State whether Physician or midwife (25) Address of Physician or Midwife Cherokee Co #3

Given name added from a supplemental report

....., 19.....  
 Registrar

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

(27) Filed Sept 12 1916 (28) J. E. Mulloy 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.