

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, S. C.

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Penn
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75150

Registration District No. 4308 Registered No. 75
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child Isadora Mitchell

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

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Aug. 4th 1916
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME James Mitchell
 (9) PRESENT POSTOFFICE OF FATHER Bryan, S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE Williamsburg Co., S. C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Irene Hunter
 (15) PRESENT POSTOFFICE OF MOTHER Bryan, S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16
 (Years)
 (18) BIRTHPLACE Williamsburg Co., S. C.
 (19) OCCUPATION Farm laborer
 (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 Born alive at 11 a. m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Sylvia Ann Hurd
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug. 10th 1916, (28) Albert R. Moseley 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.