

NOT FOR RECORD - THIS IS A PRELIMINARY REPORT

ALL OF THESE CO. 2 SEPARATE BLANKS FOR EACH CHILD - and mark the FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. B. McCarty, of Columbia

(1) PLACE OF BIRTH
County of Union
Township of Union
or
Inc. Town of
or
City of (No. St.; Ward)
(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
83773

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Oct 9, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>William Rice</u>		(14) NAME BEFORE MARRIAGE <u>Ida Bailey</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Union Co</u>		(18) BIRTHPLACE <u>Union Co.</u>		
(13) OCCUPATION <u>Labour</u>		(19) OCCUPATION <u>Sebor & Hardware</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report
.....

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

(27) Filed Oct 14, 1916 (28) [Signature] 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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