

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. -- For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">43940</div>	
County of <u>Orinda</u>		Registration District No. <u>26-a</u>		Registered No. <u>196</u>	
Township of <u>City</u>				(For use of Local Registrar)	
or Inc. Town of					
or City of <u>Orangeburg, S.C.</u> (No. <u>Russell St</u>)				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>Sussee Mai McIntire</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 31, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>R. J. McIntire</u>			(14) NAME BEFORE MARRIAGE <u>Miss Sussee Mary Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg SC</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
(12) BIRTHPLACE <u>Merchant</u>			(18) BIRTHPLACE <u>Geo</u>		
(13) OCCUPATION <u>Geo</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>9:15 AM</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>			(24) State whether Physician or Midwife <u>Physician</u>		
			(25) Address of Physician or Midwife <u>Orangeburg SC</u>		
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 <u>Jan 3</u> 19 <u>23</u> (28) <u>A. J. [Signature]</u> 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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