

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Richland</i> .....		STATE OF SOUTH CAROLINA		44331	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <i>784</i>		Registered No. <i>208</i>	
or				(For use of Local Registrar)	
City of <i>Columbia</i> .....		(No. <i>1031</i> <i>Laurens</i> ..... 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 <i>Lillian Hair</i> ..... { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>December 26, 1972</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Harvian Brocham Hair</i>			(14) NAME BEFORE MARRIAGE <i>Myrtle Pearce</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Columbia S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Columbia S.C.</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>44</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)		
(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>Georgia</i>			
(13) OCCUPATION <i>Dentist</i>		(19) OCCUPATION <i>Housewife</i>			
(20) Number of children born to mother, including present birth <i>Three</i>		(21) Number of children of this mother now living, including present birth <i>Three</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> ..... at <i>2:20</i> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Therese B. B...</i>		(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <i>Jan 1</i> 19 <i>73</i> (28) <i>W. B. B...</i> Local Registrar.			
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.