

MAINTAINED FOR RECORD.

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.

McCLELLAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Edgefield</u>				STATE OF SOUTH CAROLINA		34255	
Township of <u>Sherrinton</u>				Bureau of Vital Statistics			
Inc. Town of				State Board of Health			
City of				Registration District No. <u>1876</u>		Registered No. <u>47</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registered No.		(For use of Local Registrar)	
(2) Full Name of Child <u>Cane Mabley</u>				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 27, 22</u>			
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>William Mabley</u>				(14) NAME BEFORE MARRIAGE <u>Minnie Bright</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga</u>			
(10) COLOR OR RACE <u>B</u>		(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)		(16) COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>S B</u>				(18) BIRTHPLACE <u>S B</u>			
(13) OCCUPATION <u>Farming</u>				(19) OCCUPATION <u>Farming</u>			
(20) Number of children born to mother, including present birth <u>6</u>				(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:30</u> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Mary Mitchell</u>				(25) Address of Physician or Midwife <u>Augusta Ga</u>			
(24) State whether Physician or Midwife <u>Midwife</u>				(26) Witness <u>William Mabley</u>			
Given name added from a supplemental report				(Signature of Witness necessary only when question 23 is signed by mark)			
..... 19				(27) Filed <u>Oct 30, 22</u> Local Registrar <u>E. M. L. L. L.</u>			
..... 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.