

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

N. H. McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Henry
Township of Conway
or
Inc. Town of Conway
or
City of

(No. 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 May Twilight Herring

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 20 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. P. Herring
(9) PRESENT POSTOFFICE OF FATHER Conway SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Henry Co
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie G. G. G.
(15) PRESENT POSTOFFICE OF MOTHER Conway SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Henry Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. L. D. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Conway SC

Given name added from a supplemental report

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

(27) Filed July 22 19 22 (28) J. L. D. D. 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.

Registrar

Local Registrar.

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