

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of H. Hampton
Township of H. Collier
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2400 Registered No. 14
(For use of Local Registrar)

File No.—For State Registrar Only
77450

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 4, 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lewis Landon
(9) PRESENT POSTOFFICE OF FATHER Luray S. C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Hampton
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Phamah Small
(15) PRESENT POSTOFFICE OF MOTHER Luray
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Hampton
(19) OCCUPATION Farm Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phamah Small Luray S. C.
(24) State whether Physician or Midwife X (25) Address of Physician or Midwife

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9.9.8 19 06 (28) H. C. Dickinson 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.

K O D A K S . A