

1. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1, THE OTHER, No. 2, etc. in question 2.

Meigs 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 2699	
County of <u>Lambert</u> Township of <u>Living</u> or Inc. Town of or City of		Registration District No. <u>4302</u>		Registered No. <u>9</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Celestine Maria McGlary</u>		(No. St. Ward)			
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>Jan. 21, 1922</u>	
To be answered only in case of Twin or Triplet			(Month of Month) (Day) (Year)		
FATHER (8) FULL NAME <u>Levine McGlary</u> (9) PRESENT POSTOFFICE OF FATHER <u>Kingstree</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>21</u> (Year) (12) BIRTHPLACE <u>Lambert</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>1</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Lula McGlary</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Kingstree</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Year) (18) BIRTHPLACE <u>Lambert</u> (19) OCCUPATION <u>Housekeeper</u> (21) Number of children of this mother now living, including present birth <u>1</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>7 P.</u> M. on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>Lilly Shaw</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Kingstree</u>					
Given name added from a supplemental report 19.... Registrar		(26) Witness <u>L. McGlary</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Feb. 4, 1922</u> (28) <u>B. B. Blackman</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.