

SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCCAB OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Durham
Township of Long
or
Inc. Town of
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Berta Ann Smith

File No.—For State Registrar Only
20690

Registration District No. 204 Registered No. 49
(For use of Local Registrar)

(3) BOY OR GIRL? g (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH July 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Smith
(9) PRESENT POSTOFFICE OF FATHER Edgwood S C
(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Edgwood S C
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Wingfield
(15) PRESENT POSTOFFICE OF MOTHER Greenville S C
(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE Edgwood S C
(19) OCCUPATION Farm
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S A Moore

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greenville S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1922 W. R. Turnbull 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.

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