

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 Albany
Township of Wilson
or
Inc. Town of
or
City of (No. St.; Ward)

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

File No.—For State Registrar Only
20780

Registration District No. 4688-25 Registered No.
(For use of Local Registrar)

(2) Full Name of Child William Harrington (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH July 21, 1922
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Harrington Thight</u>		(14) NAME BEFORE MARRIAGE	<u>Lela Heyward</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Luray</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Luray</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY		(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	
<u>Negro</u>	<u>25</u> (Years)		<u>Negro</u>	<u>19</u> (Years)	
(12) BIRTHPLACE	<u>Hampton County SC</u>		(18) BIRTHPLACE	<u>Hampton County SC</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</u>	
20) Number of children born to mother, including present birth <u>1st</u>			21) Number of children of this mother now living, including present birth <u>1st</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Yarnall
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Thurmond, Groves, Thight Luray 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 29, 1922 (28) J. A. Rouse 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.