

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lexington
Township of Westhensville
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43380

Registration District No. 3003 Registered No. 104
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? <u> </u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 22 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME L. L. McMillian
(9) PRESENT POSTOFFICE OF FATHER 27829
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 21
(Years)
(12) BIRTHPLACE
(13) OCCUPATION Free Farmer
(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Anderson, Lanny
(15) PRESENT POSTOFFICE OF MOTHER 27829
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 20
(Years)
(18) BIRTHPLACE
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 11

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) Dr. J. M. Butler
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
 27829

Given name added from a supplemental report

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

(27) Filed Dec 24 1922 (28) Mrs. M. J. H. H. H.
Registrar 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.