(1) PLACE OF BIRTH

County of Greenwood

Township of Cokesbury

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

~~30567~~

Registration District No. 2304 Registered No. 12
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Wm. Townes McIlwain — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	1	5	Yes	Sept 2 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	James W. McIlwain	(14) NAME BEFORE MARRIAGE	Louella Mabry
(9) PRESENT POSTOFFICE OF FATHER	Hodges SC	(15) PRESENT POSTOFFICE OF MOTHER	Hodges SC
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	41 (Years)	(17) AGE AT LAST BIRTHDAY	39 (Years)
(12) BIRTHPLACE	Abbeville Co SC	(18) BIRTHPLACE	Abbeville Co SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	Five	(21) Number of children of this mother now living, including present birth	Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm Hilch

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hodges SC

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Nov 2 1922 (28) S L Brissie
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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.