

(1) PLACE OF BIRTH

County of Calhoun
 Township of

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

File No.—For State Registrar Only

2369

Inc. Town of Registration District No. 38a Registered No. 1009
 or (For use of Local Registrar)
 City of Columbia (No. 57a Chesapeake St. 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 Evelyn Alice Mc C. Bee } If child is not yet named, make supplemental report as directed

(4) ~~Girl?~~ (1) Twin or Triplet? X (2) Number in order of birth 7th (6) Are Parents Married? Yes (7) DATE Jan 6 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. C. Mc C. Bee
 (9) PRESENT POSTOFFICE OF FATHER Columbia
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 31
 RACE (Years)
 (12) BIRTHPLACE Portlandburg
 (13) OCCUPATION Painter
 (14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lennie Geiger
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S. C.
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 41
 RACE (Years)
 (18) BIRTHPLACE Lexington, S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alice at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Mc C. Bee
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Columbia, 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 15 1922 Jan 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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