

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for EACH CHILD, and question 5.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, S. C.

<div> <div>(1) PLACE OF BIRTH</div> <div> <div>CERTIFICATE OF BIRTH</div> <div>STATE OF SOUTH CAROLINA</div> <div>Bureau of Vital Statistics</div> <div>State Board of Health</div> </div> </div> <div> <div>File No.—For State Registrar Only</div> <div>32818</div> </div>			
<div> <div>County of <u>Abbeville</u></div> <div>Township of <u>Donalds</u></div> <div>or</div> <div>Inc. Town of .....</div> <div>or</div> <div>City of .....</div> </div>		<div> <div>Registration District No. <u>100</u></div> <div>Registered No. <u>48</u></div> <div>(For use of Local Registrar)</div> </div>	
<div> <div>(2) Full Name of Child <u>Cornie Yumels</u></div> <div>(No. .... St.; .... Ward)</div> <div>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</div> <div>If child is not yet named, make supplemental report as directed</div> </div>			
<div>(3) <u>BOY OR GIRL?</u></div>	<div>(4) <u>Twins or Triplet?</u></div>	<div>(5) <u>Number in order of birth</u> <u>1</u></div>	<div>(6) <u>Are Parents Married?</u> <u>no</u></div>
<div>(7) DATE OF BIRTH <u>Oct-13-1922</u></div> <div>(Name of Month) (Day) (Year)</div>		<div>MOTHER.</div>	
<div>(8) FATHER.</div>		<div>(14) NAME BEFORE MARRIAGE <u>Ballie Yumels</u></div>	
<div>(9) FULL NAME</div>		<div>(15) PRESENT POSTOFFICE OF MOTHER <u>Donalds</u></div>	
<div>(10) PRESENT POSTOFFICE OF FATHER</div>		<div>(16) COLOR OR RACE <u>white</u></div>	
<div>(11) AGE AT LAST BIRTHDAY (Years)</div>		<div>(17) AGE AT LAST BIRTHDAY (Years) <u>18</u></div>	
<div>(12) BIRTHPLACE</div>		<div>(18) BIRTHPLACE <u>Abbeville Co</u></div>	
<div>(13) OCCUPATION</div>		<div>(19) OCCUPATION <u>Form Laborer</u></div>	
<div>(20) Number of children born to mother, including present birth</div>		<div>(21) Number of children of this mother now living, including present birth</div>	
<div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</div>			
<div>(22) I hereby certify that I attended the birth of this child, who was <u>at 12 P.M.</u> (Born <u>live</u> or stillborn) (Hour A. M. or P. M.) on the date above stated.</div>			
<div>(23) (Signature) <u>Lucile Humphreys</u></div>		<div>(24) State whether Physician or Midwife <u>Midwife</u></div>	
<div>(25) Address of Physician or Midwife <u>Donalds</u></div>		<div>(26) Given name added from a supplemental report</div>	
<div>(27) Witness <u>J. H.</u></div>		<div>(28) Filed <u>Oct-21-1922</u></div>	
<div>(29) Local Registrar <u>Lucile Humphreys</u></div>		<div>(30) 19 .....</div>	

\*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.