

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Abbeville</i>		STATE OF SOUTH CAROLINA		17266	
Township of <i>Diamond Hill</i>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <i>104</i>		Registered No. <i>43</i>	
(No. .... St.; ..... Ward)				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child.....					
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>July 29, 1922</i>	
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <i>Odie Lowland Elledge</i>			(14) NAME BEFORE MARRIAGE <i>Mattie Louisa Williams</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Abbeville, S.C. R.F.D.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Abbeville, S.C. R.F.D.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>28</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>28</i> (Years)		
(12) BIRTHPLACE <i>Coke Co.</i>			(18) BIRTHPLACE <i>Abbeville Co.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>three</i>			(21) Number of children of this mother now living, including present birth <i>Three</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>4 A.</i> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>[Signature]</i>					
(24) State whether Physician or Midwife <i>Phys</i>					
(25) Address of Physician or Midwife <i>Abbeville S.C.</i>					
Given name added from a supplemental report			(26) Witness.....		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19..... Registrar			(27) Filed <i>July 13, 1922</i> <i>[Signature]</i> 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.					