

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		45688	
State Board of Health		Registration District No. 2509		Registered No. 141	
County of <u>Horry</u>		Bureau of Vital Statistics		(For use of Local Registrar)	
Township of <u>Simpson Creek</u>		State Board of Health			
or		Registration District No. 2509		Registered No. 141	
Inc. Town of		(No. St.; Ward)		(For use of Local Registrar)	
or					
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1st 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert James Skipper</u>			(14) NAME BEFORE MARRIAGE <u>Addie Lijetta Hardee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Allbrook S.C. Ry</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Allbrook S.C. Ry</u>		
(10) COLOR OR RACE <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)		
(12) BIRTHPLACE <u>Georgetown Co SC</u>			(18) BIRTHPLACE <u>Horry Co SC</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>12:00</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ruger Richardson</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Lewis SC</u>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>Dec 10 1922</u> (28) <u>Quentin Smith</u> 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.