

MARGIN RESERVED FOR BINDING.
 WHITE 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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
 Township of Wadesville
 or
 Inc. Town of
 or
 City of

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

Registration District No. 4122 Registered No. 32
 (For use of Local Registrar)

File No.—For State Registrar Only
20305

(2) Full Name of Child Carrie Williams
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 1 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Carrie Williams</u>			14) NAME BEFORE MARRIAGE <u>Carrie Williams</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Wadesville</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Wadesville</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>2</u> (Years)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>S.C.</u>		17) AGE AT LAST BIRTHDAY <u>2</u> (Years)		
13) OCCUPATION <u>None</u>			18) BIRTHPLACE <u>Wadesville</u>	
19) OCCUPATION <u>None</u>			20) OCCUPATION <u>None</u>	
20) Number of children born to mother, including present birth <u>12</u>			21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 51 M., on the date above stated. Hr. A. M. or P. M.

(23) (Signature) Betty
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wadesville

Given name added from a supplemental report	(26) Witness <u>John 20 22</u> (Signature of Witness necessary only when question 23 is signed by mark)
19 Registrar	(27) Date <u>19</u> (28) Local Registrar <u>McCr...</u>

*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.