

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.

MCCAM OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Greenwood

Township of .....

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4445

Registration District No. 13aRegistered No. 74

(For use of Local Registrar)

(No. .... 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

James William Kugler

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

BIRTH. .... 19....  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Willie Columbus

(9) PRESENT POSTOFFICE OF FATHER

Fairfax

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 20  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ollie D. Crawford

(15) PRESENT POSTOFFICE OF MOTHER

Fairfax

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 17  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/10/24 19....(28) W. A. Williams 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.

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