

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 6.

RECAP OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Harry  
Township of Little River  
or  
Inc. Town of.....  
or  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**22653**

Registration District No. 2507 Registered No. 52  
(For use of Local Registrar)

(2) Full Name of Child Arthur Ellwood Cady If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 14, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Gay Cady</u>			(14) NAME BEFORE MARRIAGE <u>Alie Faircloth</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamblee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamblee</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>Twenty 5/4</u> (Years)	
(12) BIRTHPLACE <u>Hamblee</u>			(18) BIRTHPLACE <u>Red Bluff</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House Keeping</u>	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizette Green  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamblee

Given name added from a supplemental report

(26) Witness H. R. Bueary  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 10, 1922 (28) W. M. McConkey  
Registrar 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.