

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken
Township of Schultz
or
Inc. Town of.....
or
City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20714

Registration District No. 213

Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child

Eds Mims

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 5, 1922

FATHER.

(8) FULL NAME

Arthur Mims

(9) PRESENT POSTOFFICE OF FATHER

Augusta Ga R5

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

42 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Griffin

(15) PRESENT POSTOFFICE OF MOTHER

Augusta Ga R5

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

38 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Born alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. 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 marks)

(27) Filed

7/8

19

24

(28)

L. H. Medlock 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.