

MARGIN RESERVED FOR BINDING.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of 2
Township of Westonville
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. 2-4-3 Registered No. 6-1
(For use of Local Registrar)

File No.—For State Registrar Only
22954

(2) Full Name of Child Esai's Son

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

(3) BOY OR GIRL? 2 (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH May 29 19 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John D. S.
(9) PRESENT POSTOFFICE OF FATHER Westonville
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE W
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE John D. S.
(15) PRESENT POSTOFFICE OF MOTHER Westonville
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE W
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 3

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John D. S. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westonville

Given name added from a supplemental report

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

(27) Filed May 3 19 22 (28) John D. S. 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.