

MARGIN RESERVED FOR BINDING.

Form No. 5.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 Abbeville

Township of Mayfield

OR
Inc. Town of Cashum Falls

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

40542

Registered No. 116
(For use of Local Registrar)

(2) Full Name of Child

John Albert Land

St.; Ward)

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

(3) BIL OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? No

(7) DATE OF BIRTH Dec 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C W Land

(9) PRESENT POSTOFFICE OF FATHER Cashum Falls S.C.

(10)* COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 Live

MOTHER.

(14) NAME BEFORE MARRIAGE Ornie Patterson

(15) PRESENT POSTOFFICE OF MOTHER Cashum Falls S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Child at 7:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. V. Yarbrough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Cashum Falls S.C.

Given name added from a supplemental report

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

(27) Filed Part 9 1923 (28) H. L. Vance 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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