

MARGIN RESERVE 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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

MCCAW OF C

(1) PLACE OF BIRTH  
County of Union  
Township of .....  
or  
Inc. Town of Greenville  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**20399**

Registration District No. 4204 Registered No. 30  
(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 H. Odell If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? yes 7) DATE OF BIRTH June 3, 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>William E. Odell</u>	14) NAME BEFORE MARRIAGE <u>Maria Minton</u>	15) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	16) COLOR OR RACE <u>wh.</u>	17) AGE AT LAST BIRTHDAY <u>28</u>	17) AGE AT LAST BIRTHDAY <u>28</u>
10) COLOR OR RACE <u>wh.</u>	18) BIRTHPLACE <u>Spartanburg Co. S.C.</u>	19) OCCUPATION <u>Domestic</u>	19) OCCUPATION <u>Domestic</u>
12) BIRTHPLACE <u>Union Co. S.C.</u>	20) Number of children born to mother, including present birth <u>4</u>	21) Number of children of this mother now living, including present birth <u>4</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) William E. Odell Father  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Geo. L. Har  
(27) Filed 6-13 1922 (28) Geo. L. Har 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.

..... 19 ..... (27) Filed 8-19 1922 (28) William E. Odell Local Registrar.  
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