

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 theFIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAVEY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of NewberryTownship of # 10or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lindsay Belton Wise

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 9, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Julius Wise</u>	(14) NAME BEFORE MARRIAGE <u>Essie Reeves</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Pomaria</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pomaria</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Georgiana Holman
(24) State whether Midwife Physician or Midwife (25) Address of Physician or Midwife Prosperity

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by, mark)(27) Filed Aug 10 1922 (28) Elberta Seese
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.

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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23266

Registration District No. 3401 Registered No. 30

(For use of Local Registrar)

(No. St.; Ward)