

## (1) PLACE OF BIRTH

County of *Richland*  
 Township of *Richland*  
 or  
 Inc. Town of .....  
 or  
 City of *Richland*

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

22449

Registration District No. *28049*Registered No. *36*  
(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 *Blair McCants*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *5* (6) Age *years* (7) DATE OF BIRTH *July 18*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Jacob McCants*(9) PRESENT POSTOFFICE OF FATHER *Columbia R # 3*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *27*  
(Year)(12) BIRTHPLACE *Richland Co*(13) OCCUPATION *Ag*(14) Number of children born to mother, including present birth *5*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Marie Griggs*(15) PRESENT POSTOFFICE OF MOTHER *Columbia R # 3*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *28*  
(Year)(18) BIRTHPLACE *Richland Co*(19) OCCUPATION *house keeping*(20) Number of children of this mother now living, including present birth *5*

## 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) *George M. Taylor* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Columbia R # 3*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Aug 10 1923* *L. M. Taylor* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make his 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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