

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and enter 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 Dorchester  
Township of .....  
or  
Inc. Town of WIMMERVILLE S.C.  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42131

Registration District No. 17A Registered No. 93  
(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 Hampton Waring If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 10, 1925  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hampton Waring  
(9) PRESENT POSTOFFICE OF FATHER Summerville  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)  
(12) BIRTHPLACE Summerville S.C.  
(13) OCCUPATION Merchant  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Roberta Rogge  
(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Elizabeth N.J.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. Julian Carroll  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife SUMMERVILLE

Given name added from a supplemental report

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

(27) Filed JAN 10 1925 (19) ..... (28) J. L. Lorton 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

Local Registrar.

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