

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 the FIRST-BORN, No. 1, THE OTHER No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

# (1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia

(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

The No.—For State Registrar Only  
**16431**

Registration District No. 38<sup>th</sup>

Registered No. 1542

(For use of Local Registrar)

## (2) Full Name of Child Attalus McFarland

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 2 1922  
(Name of Month) (Day) (Year)

### FATHER.

(9) FULL NAME A. C. McFarland

(10) PRESENT POSTOFFICE OF FATHER Columbia, S. C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 26 (Year)

(13) BIRTHPLACE Charleston, S. C.

(14) OCCUPATION Railroad ing

(15) Number of children born to mother, including present birth 2

### MOTHER.

(16) NAME BEFORE MARRIAGE Rosella Hook

(17) PRESENT POSTOFFICE OF MOTHER Columbia, S. C.

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 29 (Year)

(20) BIRTHPLACE Swansea, S. C.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 2:30 P.

(24) (Signature) Edythe C. Green

(25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Columbia Hotel, Columbia, S. C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary when question 23 signed) Edythe C. Green

(28) Filled by Edythe C. Green 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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