

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Seneca

Township of Seneca

OR

Inc. Town of

OR

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 Arthur Thomas

File No.—For State Regist. Only

19602

Registration District No. 354 Registered No. 97

(For use of Local Registrar)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 13, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Marvin Thomas

(9) PRESENT POSTOFFICE OF FATHER Seneca R.F.D

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Seneca

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth {

MOTHER

(14) NAME BEFORE MARRIAGE Beula Stancel

(15) PRESENT POSTOFFICE OF MOTHER Seneca R.F.D

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Seneca

(19) OCCUPATION wife

(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:50 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Shilling

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Seneca S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed Thos. V. 19

(28)

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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