

WHITE PLAIN, WITH DREADING 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

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of Registration District No. 38A Registered No. 1776
City of Columbia (No. Columbia Hospital 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 Walker D. Caughman 3rd { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>B</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9 22 1911</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Walker D. Caughman</u>			(14) NAME BEFORE MARRIAGE <u>Larise Jeffries</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Contractor</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 30 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. O. B. S.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia SC

Given name added from a supplemental report 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed "stillborn")

(27) Filed 11-16-1911 (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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