

THIS IS A PERMANENT RECORD.
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 Berkley
Township of St. Thomas
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
29095

Registration District No. 7.0.7 Registered No. 43
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child unnamed

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Foley
(9) PRESENT POSTOFFICE OF FATHER Wando S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23
(Years)
(12) BIRTHPLACE Berkley
(13) OCCUPATION clay laborer
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Martin
(15) PRESENT POSTOFFICE OF MOTHER Wando S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18
(Years)
(18) BIRTHPLACE Berkley
(19) OCCUPATION at Home
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 14 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annett Stuart
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wando S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 6 1922 (28) V. Grimes 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.