

McCaw, of Columbia.

McCaw, of Columbia

County of Lancaster

Township of Brusford

Inc. or Town of

City of \_\_\_\_\_

(If birth occurs in a hospital)

2) Full Name of Child

(2) **Full Name of Child**

(3) BOY OR GIRL? *101*

(4) Twin  
or Triplet?

(S)	Number in order of birth
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99	99
100	100

(6) **Are Parents**

(7) DATE OF BIRTH Jan. 22 /

(11) (Month) (11) (Day) (1942) (Year)

(8) FULL NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER (

(10) COLOR OR RACE *W*

(II) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was White on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife.

(23) Address of Physician or Midwife

Given name added from a supplemental report

**(20) Witnesses**

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

(27) Filed

**. 101 .**

(28) *[Signature]*  
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.

fifth month of pregnancy.