

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.

MCCAW 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

No. 5a.—For State Registrar

36131

Registration District No. 3ARegistered No. 1764

(For use of Local Registrar)

St.; W. 5-13 Main Ward(2) Full Name of Child Willie Albert Kimbrell

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes

DATE

BIRTH July 19, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Albert Kimbrell(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Sheet Metal Worker(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) FULL NAME Elizabeth DeLoach(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was ..... at 8-9 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) D. J. Matthews M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is answered by mark)

(27) Filed 10-14 1922

(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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