

NOTE.—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.

McDaw, of Columbia

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(1) PLACE OF BIRTH
County of York
Township of _____
or
Inc. Town of _____
or
City of Ft. Mill S.C.

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

File No.—For State Registrar Only

2774

Registration District No. 4406 Registered No. 3

(For use of Local Registrar)

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

(2) Full Name of Child _____

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 22</u>
(8) FULL NAME <u>Dean Philip</u>				(9) MOTHER <u>Alma Witherspoon</u>
(10) PRESENT POSTOFFICE OF FATHER <u>Ft. Mill S.C.</u>				(11) PRESENT POSTOFFICE OF MOTHER <u>Ft. Mill S.C.</u>
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) BIRTHPLACE <u>Green Hill S.C.</u>
(17) BIRTHPLACE <u>Liberty</u>	(18) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Homemaker</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at _____ on the date above stated. (Born alive or stillborn) (Morse, A. M. or F. M.)

(23) (Signature) J. B. Smith
(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 23 is signed by mark.)
(27) Filed Jan 11 1924 (28) A. L. Parks 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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