

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 6.

McGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of FrederickTownship of Frederick

or

Inc. Town of Frederick

or

City of Frederick

(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

File No.—For State Registrar Only

22451

Registration District No. 732Registered No. 73
(For use of Local Registrar)(No. Washington St.; Frederick Ward)

(2) Full Name of Child

Walter Harris child is not yet named, make supplemental report as directed(3) BOY OR
GIRL —(4) Twin
or Triplet? —

To be answered only in event of Twins or Triplets

(5) Number in
order of birth 1st(6) Are
Parents
Married? yes(7) DATE OF
BIRTH May 15 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE W(11) AGE AT LAST
BIRTHDAY 28
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth 1

MOTHER

(14) NAME BEFORE
MARRIAGE Edith May W. Harris(15) PRESENT
POSTOFFICE
OF MOTHER Frederick(16) COLOR
OR
RACE W(17) AGE AT LAST
BIRTHDAY 21
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Domestic(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at Frederick M.,
on the date above stated. (Born alive or stillborn) (Hour 11 or P. M.)(23) (Signature) J. D. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife FrederickGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 6/10/22(28) W. A. Williams
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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