

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 Richland
 or
 Inc. Town of
 or
 City of Columbia S.C.
 (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

16407

Registration District No. 38-ARegistered No.
(For use of Local Registrar)

(No. Broad River Road St.; 1006 Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? no (7) DATE OF BIRTH Jan 3 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Allen
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Porter
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Charley
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (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 1 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Oxman 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 23 is signed by mark)

19
Registrar

(27) Filed

19

(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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