

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of Central  
 OR  
 Inc. Town of .....  
 OR  
 City of Central (No. .... St.; ..... Ward)  
 (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  
**19795**

Registration District No. 3200 Registered No. 115-  
 (For use of Local Registrar)

(2) Full Name of Child Frances Holcombe If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 11 (6) Are Parents Married? yes (7) DATE OF BIRTH June 4 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>William Thomas Holcombe</u>	(14) NAME BEFORE MARRIAGE	<u>Essie Margaret Masingie</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>CENTRAL, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>CENTRAL, S. C.</u>
(10) COLOR OR RACE	<u>white</u>	(16) COLOR OR RACE	<u>white</u>
(11) AGE AT LAST BIRTHDAY	<u>44</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>37</u> (Years)
(12) BIRTHPLACE	<u>Pickens Co S.C.</u>	(18) BIRTHPLACE	<u>Pickens Co S.C.</u>
(13) OCCUPATION	<u>Cards at cotton mill</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>11</u>	(21) Number of children of this mother now living, including present birth	<u>9</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) E. W. G. [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife CENTRAL, S. C.

Given name added from a supplemental report .....  
 ..... 1922 Registrar  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 20 1922 (28) J. H. [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.