

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)
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William Thomas Holcombe
 (9) PRESENT POSTOFFICE OF FATHER CENTRAL, S. C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44
 (Years)
 (12) BIRTHPLACE Pickens Co S.C.
 (13) OCCUPATION Cad. at cotton mill
 (20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Margaret Masingill
 (15) PRESENT POSTOFFICE OF MOTHER CENTRAL, S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE Pickens Co S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 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

(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.