

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.

Form 5-6

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town of

or
City of Asheville, 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

19784

Registration District No. 37-9 Registered No. 91
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? no

(5) Number in order of birth 1
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 29, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Wm. H. Jones, Jr.

(9) PRESENT POSTOFFICE OF FATHER Asheville, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Pickens Co S.C.

(13) OCCUPATION Mill Hand

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lilly Mae Fortner

(15) PRESENT POSTOFFICE OF MOTHER Asheville, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Pickens Co S.C.

(19) OCCUPATION Mill Hand

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:25 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Asheville, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed or mark)

(27) Filed July 1, 1922

(28) [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.

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