

WHEN 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.

McClaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Newberry</u> Township of .....		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>43794</b>	
Inc. Town of .....				Registered No. <u>185</u> (For use of Local Registrar)	
City of <u>Newberry</u> (No. <u>Mulligan</u> St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>34-2</u>		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child .....					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 7 1922</u> (Name of Month) (Day) (Year)	
FATHER:			MOTHER:		
(8) FULL NAME <u>John S. Hitchman</u>			(14) NAME BEFORE MARRIAGE <u>Myrtle Richardson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry S. C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7:30 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Newberry S. C.</u>					
Given name added from a supplemental report ..... 191.... ..... Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan. 2 1923</u> (28) <u>[Signature]</u> 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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