

FORMS OR TABLETS ARE A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-HORN, 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 Columbia S.C.
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
16441

Registration District No. 38 Registered No. 1257
 (For use of Local Registrar)
 City of (No. 8 D. 8. Lincoln) St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Married</u>	(7) DATE OF BIRTH <u>May 8, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Weston William

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Eastover S.C.

(13) OCCUPATION Rail Road Man

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Hunter

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Eastover S.C.

(19) OCCUPATION Laundry

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Nancy Bean

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Threeside Arett 12

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 24 is signed by male)

(27) Filed 5/16 1922 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.