

McCauley of Columbia

(1) PLACE OF BIRTH

County of Laurin
 Township of Laurin
 or
 Inc. Town of
 or
 City of (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

15629

Registration District No. 700 Registered No. 70
 (For use of Local Registrar)

(2) Full Name of Child Littie Helma .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parent Married? (7) DATE OF BIRTH May 21 - 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. R. Helma
 (9) PRESENT POSTOFFICE OF FATHER Laurin, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Laurin, S.C.
 (13) OCCUPATION Public Works
 (20) Number of children born to mother, including present birth { One

MOTHER.

(14) NAME BEFORE MARRIAGE Mandy Helma
 (15) PRESENT POSTOFFICE OF MOTHER Laurin
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Laurin, S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 4 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Littie Helma
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Laurin

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) File 191 (28) L. H. Bishop 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.

before the fifth month of pregnancy.

For Registrar Only

20 (Registrar)

Ward

named, make it as directed

2-2-22 (Year)

Dillard

C. R. 4

2-8 (Year)

1-30 P. M. (Hour A. M. or P. M.)

or Midwife

S. C.

Local Registrar

REGISTRAR

FOOTER