

MARGIN RESERVED FOR BINDING.

WHITE 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

| (1) PLACE OF BIRTH  |                      | CERTIFICATE OF BIRTH  |  | File No.—For State Registrar Only     |  |
|---|----------------------|---|--|---------------------------------------|--|
| County of <u>Edgefield</u>  |                      | STATE OF SOUTH CAROLINA   |  | 42202                                 |  |
| Township of <u>Colliers</u>   |                      | Bureau of Vital Statistics                                      |  | Registered No. <u>29</u>              |  |
| Inc. Town of.....   |                      | State Board of Health   |  | (For use of Local Registrar)          |  |
| City of.....  |                      | Registration District No. <u>1802</u>                           |  | 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 <u>Mary Pettigrew</u>  |                      | If child is not yet named, make supplemental report as directed |  |                                       |  |
| (3) BOY OR GIRL? <u>girl</u>  | (4) Twin or Triplet? | (5) Number in order of birth                                    | (6) Are Parents Married? <u>yes</u>  | (7) DATE OF BIRTH <u>Dec 22, 1922</u> |  |
| To be answered only in event of Twins or Triplets   |                      |   |  |                                       |  |
| FATHER.   |                      |   | MOTHER.  |                                       |  |
| (8) FULL NAME <u>Walter Pettigrew</u>   |                      |   | (14) NAME BEFORE MARRIAGE <u>Essie Young</u>   |                                       |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Mudoc SC Rt 1</u>   |                      |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Mudoc SC Rt 1</u>                                 |                                       |  |
| (10) COLOR OR RACE <u>White</u>   |                      |   | (17) AGE AT LAST BIRTHDAY <u>39</u>  |                                       |  |
| (11) AGE AT LAST BIRTHDAY <u>36</u>   |                      |   | (18) BIRTHPLACE <u>Abbeville SC</u>  |                                       |  |
| (12) BIRTHPLACE <u>Anderson Co SC</u>   |                      |   | (19) OCCUPATION <u>Housewife</u>   |                                       |  |
| (13) OCCUPATION <u>Farmer</u>   |                      |   | (20) Number of children of this mother now living, including present birth <u>Five</u> |                                       |  |
| (20) Number of children born to mother, including present birth <u>Five</u>   |                      |   | (21) Number of children of this mother now living, including present birth <u>Five</u> |                                       |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |                      |   |  |                                       |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>5 a.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  |                      |   |  |                                       |  |
| (23) (Signature) <u>J. H. Craton, M.D.</u>  |                      |   |  |                                       |  |
| (24) State whether Physician or Midwife   |                      |   |  |                                       |  |
| (25) Address of Physician or Midwife <u>Colliers SC</u>   |                      |   |  |                                       |  |
| Given name added from a supplemental report   |                      |   | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  |                                       |  |
| ..... 19 .....  |                      |   | (27) Filed <u>Jan 6, 1923</u>  |                                       |  |
| Registrar   |                      |   | (28) <u>H. D. Qualls</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. |                      |   |  |                                       |  |