

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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of RansomTownship of Ransom

OR

Inc. Town of

OR

City of Ransom

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William and Twin

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Franklin Ivin(9) PRESENT POSTOFFICE OF FATHER Ransom, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Estelle Pinley(15) PRESENT POSTOFFICE OF MOTHER Ransom, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE 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 8 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. H. Beason (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gray Court S.S.

Given name added from a supplemental report

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

(27) Filed 10/11/22 (28) C. M. Mendenhall 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
35206Registration District No. 212 Registered No. 123
(For use of Local Registrar)(No. Church St.; Ward)

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