

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.

McCAUER COLUMBIA, COLUMBIA, S. C.

McC

(1) PLACE OF BIRTH
County of Newberry
Township of West
or
Inc. Town of Whitmire
or
City of

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

File No.—For State Registrar Only

19537

Registration District No. 3702

Registered No. 64
(For use of Local Registrar)

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

(2) Full Name of Child Mat Inman

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

3-BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 12, 1922
(Name of Month) (Day) (Year)

FATHER.

8: FULL NAME Posey Tolliver Ward

9: PRESENT POSTOFFICE OF FATHER Whitmire, S.C.

10: COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

12: BIRTHPLACE Union Co., S.C.

13: OCCUPATION Cotton mill operator

20: Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Kembre

(15) PRESENT POSTOFFICE OF MOTHER Whitmire, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Spartanburg Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William B. Thomas

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitmire, S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) R. M. Dugett 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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