

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.

McAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Edgefield
Township of Clinton
OR
Inc. Town of
OR
City of

(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

42226-60
Registered No.
(For use of Local Registrar)

Registration District No. 18/14 (No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 12 20 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Edwards
(9) PRESENT POSTOFFICE OF FATHER Johnston
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37
(Years) (12) BIRTHPLACE Sacreda
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Angella Etheridge
(15) PRESENT POSTOFFICE OF MOTHER Johnston
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
(Years) (18) BIRTHPLACE Sacreda
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6 27 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. H. H. McDaniel (24) State whether Physician or Midwife (25) Address of Physician or Midwife Johnston 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 Jan 1 22 (28) R. S. Maxwell 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.

*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.