

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Greenwood, S. C.

(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

4444

Registration District No. 731Registered No. 73

(For use of Local Registrar)

(No. 317 W. Cambridge St.; ..... Ward)(2) Full Name of Child Sara Elizabeth Andrews

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 5, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Fred Wister Andrews(9) PRESENT POSTOFFICE OF FATHER Greenwood, S. C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Greenwood, Co. S. C.(13) OCCUPATION Traveling salesman(20) Number of children born to mother, including present birth (1) (One)

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Henrietta Minnis(15) PRESENT POSTOFFICE OF MOTHER Greenwood, S. C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Clark's Hill, Edgefield Co. S. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth (1) (One)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. P. Turner, M. D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenwood, 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 3/10/22 19 .. (28) W. A. Williams 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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