

NOT TO BE USED FOR RECORDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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 Amcaster
Township of Cedar Creek
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
30916

Registration District No. 2802 Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Marionna Catherine
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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Irvin C. Panther
(9) PRESENT POSTOFFICE OF FATHER Heath Springs #3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY.....
(12) BIRTHPLACE Amcaster Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Bess Baker
(15) PRESENT POSTOFFICE OF MOTHER Heath Springs
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY.....
(18) BIRTHPLACE Amcaster Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. L. Brown
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Amcaster

Given name added from a supplemental report

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

(27) Filed Sept 20, 1922 (28) Det. A. Panther 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.