

McCAW OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of York  
 Township of York  
 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  
**18193**

Registration District No. 1206 Registered No. 66  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edna Meyer 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 June 12, 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Meyer</u>	(14) NAME BEFORE MARRIAGE <u>Edna Welch</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Yorkland, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Yorkland, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Yorkland 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 6/20 1922 (28) [Signature] 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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