

NOTE.—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.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Wall
or
Inc. Town of
or
City of

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

Registration District No. 306

File No.—For State Registrar Only
40834

Registered No. 26
(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 Harold Cecil Mc Mahan
(No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6, 1920
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Wallace Mc Mahan
(9) PRESENT POSTOFFICE OF FATHER Iva B C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Year)
(12) BIRTHPLACE Iva B C
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Laura Mc Gee
(15) PRESENT POSTOFFICE OF MOTHER Iva B C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Iva B C
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Shirley at 10:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. D. Burgess M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Iva B C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 20, 1920 (28) S. M. Mc Adams 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.