

THIS IS A 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 8.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charterfield
 Township of Court House
 or
 Inc. Town of Registration District No. 12.63 Registered No. 15
 City of (No. St. Ward)
 (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
806

(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 29, 1923</u> <small>(Name of Month) (Day) (Year)</small>
FATHER: <u>W. Bustard</u> (8) FULL NAME <u>Don't know</u> (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE (11) BIRTHPLACE (12) OCCUPATION			MOTHER: (14) NAME BEFORE MARRIAGE <u>Clara Bustard</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Charterfield S.C.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>Charterfield</u> (19) OCCUPATION <u>farm hand</u> (21) Number of children of this mother now living, including present birth <u>1</u>	
(20) Number of children born to mother, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Mary M. Neal
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Charterfield S.C.

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Feb 9, 1923 (28) M. S. Watson 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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