

WRITE PLAINLY AND LEGIBLY IN INK
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.
McCaw of Columbia

(1) PLACE OF BIRTH
County of Guernsey
Township of Guernsey
or
Inc. Town of Manassas
or
City of Manassas (No. 75 Smalltown St.; Smalltown 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
85844

(2) Full Name of Child Georgia Korn { 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 event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 19</u> 19 <u>18</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Elick Korn</u>			(14) NAME BEFORE MARRIAGE <u>Julia Wright</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Manassas St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Manassas St</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Hardman Co Va</u>			(18) BIRTHPLACE <u>Manassas St</u>	
(13) OCCUPATION <u>Farmer</u>			(19) 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>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) George J. Whelan
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Manassas St

Given name added from a supplemental report
..... 191.....
.....
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 11 6 A H Mackay
(27) Filed 191..... (28) 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.