

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield
Township of Merewater
OR
Inc. Town of

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

File No. — For State Registrar Only
6814

Registration District No. 1806 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Georgia B. McCane (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 31, 1923
To be answered only in event of Twins or Triplets (If child is not yet named, make supplemental report as directed)

FATHER.
(8) FULL NAME Samuel McCane
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
Calines, S L
Milling

MOTHER.
(14) NAME BEFORE MARRIAGE Birdie Wooden
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Edgefield
(19) OCCUPATION house wife
(21) Number of children of this mother now living, including present birth 1

(22) NAME OF ATTENDING PHYSICIAN OR MIDWIFE*
Name of birth of this child, who was Born alive at 12 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
Midwife
(23) Address of Physician or Midwife Calines, S L
Milling
(24) Signature of Physician or Midwife Samuel McCane
(25) Signature of Local Registrar Emma Timm
Witness necessary only if child is not yet named (Signature of witness to be signed by mark)
Householder, etc., should make this return. No report is desired of stillbirths of pregnancy.

RECORD OF EACH CHILD, and mark the registration