

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield
 Township of Merriether
 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
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
Calines, S. L. (Years)
Millington

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
 (18) BIRTHPLACE Edgefield (Years)
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 I hereby certify that the birth of this child, who was Born alive at 12 A.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 was attended by Midwife
 (Signature of Physician or Midwife) (22) Address of Physician or Midwife Robert Crook, S. L.
Samuel McCane
 (Signature of Father) (23) Address of Father Calines, S. L.
Millington
 (Signature of Mother) (24) Address of Mother Calines, S. L.
Millington
 (Signature of Local Registrar) (25) Local Registrar Emma Timm
 (Signature of Household, etc.) (26) Household, etc., should make this return.
 (Signature of Household, etc.) (27) Household, etc., should make this return.
 (Signature of Household, etc.) (28) Household, etc., should make this return.