

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 MARGIN RESERVE FOR BINDING.  
 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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Horry Co  
 Township of High Sea  
 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

42985

Registration District No. 2506

Registered No. 117  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Female</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>4/24/32</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. P. Fernandez</u>			(14) NAME BEFORE MARRIAGE <u>Lulah Harder</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Loris S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Loris S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>Horry Co</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Horry Co</u>		
(19) OCCUPATION <u>Wife</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		
(20) Number of children born to mother, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Fernandez

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Tabor Ave

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1932 (28) E. L. B. Registrar  
 Registrar Loc. 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.