

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH CAPACING INK—THIS IS A PERMANENT RECORD.
N. R.—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 2.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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County of York
Township of York
or
Inc. Town of.....
or
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Joseph

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 14 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Joseph
(9) PRESENT POSTOFFICE OF FATHER Kingsboro SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE York Burg. Co.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE John Strong
(15) PRESENT POSTOFFICE OF MOTHER Kingsboro SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE York Burg. Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... white... at... 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. S. Keeney M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. H. Tullos, SC

Given name added from a supplemental report

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

(27) Filed Jan 18 19 22 (28) R. S. Keeney 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 an stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2697

Registration District No. H302 Registered No. 7....
(For use of Local Registrar)

St. Ward