

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		45369	
Township of <u>Freshwells Farm</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>303</u>		Registered No. <u>4</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.		Ward	
(2) Full Name of Child <u>Ruby Inez McGee</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 30</u> , 19 <u>22</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>George McGee</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Martin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson R 7 W.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson R 7 W.</u>		
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(16) COLOR OR RACE <u>col.</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE <u>Anderson Co.</u>		(18) BIRTHPLACE <u>And. Co.</u>			
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>domestic</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>C. H. Young M.D.</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed 19		
Registrar			(28) <u>F. P. Crayton</u> 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.					