

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		28448	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>100</u>		Registered No. <u>954</u>	
or				(For use of Local Registrar)	
City of .....		(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 <u>Grace Dorval</u>		{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 26, 1922</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Dorval</u>			(14) NAME BEFORE MARRIAGE <u>Emma Putman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S C</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Don't Know</u>			(18) BIRTHPLACE <u>Don't Know</u>		
(13) OCCUPATION <u>Mill Laborer</u>			(19) OCCUPATION <u>Mill Laborer</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</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>1 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nancy L. Corwin</u>			(25) Address of Physician or Midwife <u>Midwife, Abbeville S C</u>		
(24) State whether Physician or Midwife			(26) Witness <u>J. E. Pressley</u>		
Given name added from a supplemental report			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>Sept 26, 1922</u>		
Registrar			(28) <u>J. E. Pressley</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.