

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.

MCGRAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Fluoree  
 Township of 44  
 OR  
 Inc. Town of Base House  
 OR  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6918

Registration District No. 2.005
 Registered No. ....  
 (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 Marie Albert

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? \_\_\_\_\_ (7) DATE OF BIRTH Feb. 30, 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Marie Albert  
 (9) PRESENT POSTOFFICE OF FATHER Route 1 Box 15  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32  
 (12) BIRTHPLACE Bishopville Santee  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Bele Thomas  
 (15) PRESENT POSTOFFICE OF MOTHER Route 1 Box 15  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Fluoree County  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born her path at 8:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. B. Bluff  
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar. 14, 1923 (28) M. B. Bluff 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.