

(1) PLACE OF BIRTH

County of LeeTownship of St. Charles

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

73726

Registration District No. 3007Registered No. 147

(For use of Local Registrar)

(2) Full Name of Child. Cary Bell Windom

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>only</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 21</u> (Name of Month) (Day) (Year)
--------------------------------	-------------------------------------	--	--	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Albert Windom</u>	(14) NAME BEFORE MARRIAGE <u>Mary Johnson</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>Waynesville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Waynesville S.C.</u>
---	--

(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
--------------------------------------	---	--------------------------------------	---

(12) BIRTHPLACE <u>Stateburg S.C.</u>	(18) BIRTHPLACE <u>Sumter Co. S.C.</u>
--	---

(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House Field work</u>
-----------------------------------	--

(20) Number of children born to mother, including present birth <u>6</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 alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Gregg

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Waynesville S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Sept 6 (28) L. M. Leady 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.

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.