

MCCAW OF COLUMBIA. COLUMBIA, S. C.

24411

OF

or

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

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

(7) DATE OF

BIRTH.....aug.....13.....1922  
(Name of Month) (Day) (Year)

**MOTHER**

Margaret Willis

Due west 80

Dis. west 2C.

(17) AGE AT LAST BIRTHDAY.....23.....

Due west 87

Adams &

merchant.

Housewife,

12.

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was . . . . alive . . . . at . . . 9 . . M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

**(23) (Signature)**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

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

(27) Filed Sept. 11, 1922 (28) 7/14/12 months  
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.