

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.

MCCAB OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Granville
 Township of Byloant
 or Aradia
 Inc. Town of Aradia
 or Aradia
 City of Aradia
 (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

139-22-050720

Registered No. 366
 (For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR

GIRL

yes

(4) Twin

or Triplet?

1

To be answered only in event of Twins or Triplets

(5) Number in

order of birth

1

(6) Are

Parents

Married?

yes

(7) DATE OF

BIRTH

4-2-1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Charles Graham

(9) PRESENT

POSTOFFICE

OF FATHER

Arcadia S.C.

(10) COLOR

OR

RACE

white

(11) AGE AT LAST

BIRTHDAY

18

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mill Operative

(20) Number of children born to

mother, including present birth

1

MOTHER.

(14) NAME BEFORE

MARRIAGE

Ivanna Rows

(15) PRESENT

POSTOFFICE

OF MOTHER

Arcadia S.C.

(16) COLOR

OR

RACE

white

(17) AGE AT LAST

BIRTHDAY

16

(Years)

(18) BIRTHPLACE

Tenn

(19) OCCUPATION

Housewife

(21) Number of children of this mother

now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, born at 7:30 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. L. Wideman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
 tal report

CO# 11,097
 Filed: 7/20/72
 19
 Registrar

(26) Witness

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

(27) Filed

1-1-

19

24

(28)

Mrs. E. J. Parker
 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.