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

County of [illegible]

Township of [illegible]

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 35143

Registration District No. 2804 Registered No. 179
(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 Unnamed — 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH Sep 30 (Name of Month) (Day) 19 22 (Year)

FATHER.	MOTHER.
(8) FULL NAME Unknown	(14) NAME BEFORE MARRIAGE Nannie Dunlap
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER Lancaster
(10) COLOR OR RACE	(16) COLOR OR RACE [illegible]
(11) AGE AT LAST BIRTHDAY ..... (Years)	(17) AGE AT LAST BIRTHDAY ..... (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE S.C
(13) OCCUPATION	(19) OCCUPATION Laborer
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [signature]

(24) State whether Physician or Midwife M.D

(25) Address of Physician or Midwife Lancaster, S.C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Oct 4 1922 (28) [signature]
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.

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