

McGraw-Hill, Inc. 1221 Avenue of the Americas, New York 10, N.Y. 10020  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in parentheses 2.

**(1) PLACE OF BIRTH**  
County of Orangeburg  
Township of Orangeburg  
or  
Inc. Town of Orangeburg  
or  
City of Orangeburg  
(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  
**11509**

Registration District No. 36a Registered No. 65  
(For use of Local Registrar)

(No. 136 H. Russell St.) (Ward)

**(2) Full Name of Child.** \_\_\_\_\_ If child is not yet named, make supplemental report as directed

(3) <b>BOY OR GIRL?</b> <u>Boy</u>	(4) <b>Twin or Triplet?</b> <u>Y</u>	(5) <b>Number in order of birth</b> <u>6</u>	(6) <b>Are Parents Married?</b> <u>Y</u>	(7) <b>DATE OF BIRTH</b> <u>Mar. 13</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
(8) <b>FULL NAME</b> <u>J. L. De Mars</u>				(14) <b>NAME BEFORE MARRIAGE</b> <u>Flourance Grimes</u>
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Orangeburg</u>				(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>Same as father</u>
(10) <b>COLOR OR RACE</b> <u>White</u>		(11) <b>AGE AT LAST BIRTHDAY</b> <u>43</u> (Years)		(16) <b>COLOR OR RACE</b> <u>White</u>
(12) <b>BIRTHPLACE</b> <u>Orangeburg</u>		(17) <b>AGE AT LAST BIRTHDAY</b> <u>33</u> (Years)		
(13) <b>OCCUPATION</b> <u>Printer</u>		(18) <b>BIRTHPLACE</b> <u>Orangeburg</u>		
(19) <b>OCCUPATION</b> <u>Housewife</u>		(20) <b>OCCUPATION</b> <u>Housewife</u>		
(21) <b>Number of children born to mother, including present birth</b> <u>8</u>				(22) <b>Number of children of this mother now living, including present birth</b> <u>6</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(23) I hereby certify that I attended the birth of this child, who was alive at 4 P on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Geo. H. Walter

(25) State whether Physician or Midwife (26) Address of Physician or Midwife  
Orangeburg

Given name added from a supplemental report \_\_\_\_\_

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

(28) **Filed** 5-2-1963 (29) **Local Registrar** W. H. DeKies

\*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.

\*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.