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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9546

(1) PLACE OF BIRTH

County of York
Township of Rock Mt
or
Inc. Town of .....
or
City of .....

Registration District No. 4487 Registered No. 1
(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 ..... 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 8
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Jan 4 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	D. L. Lawson	(14) NAME BEFORE MARRIAGE	Vic Boyd
(9) PRESENT POSTOFFICE OF FATHER	Clover S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Clover S.C.
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	42	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	York Co	(18) BIRTHPLACE	York Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	8	(21) Number of children of this mother now living, including present birth	7

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 3 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

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 Jan 21 1922 (28) J. E. Brison
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.