

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>Bethesda</u> 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 6110	
		Registration District No. <u>4401</u>		Registered No. <u>8</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (2) Full Name of Child <u>Lucy Miner Smith</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>21 Jan 1922</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Willie Miner</u> (9) PRESENT POSTOFFICE OF FATHER <u>Mt. Connellville SC</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>farm laborer</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Mary Smith</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Mt. Connellville SC</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>field + house work</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3-4</u> A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Eliza Ann McIlhenny</u> (24) State whether Physician or Midwife <u>Midwife (col)</u> (25) Address of Physician or Midwife <u>Mt. Connellville</u>					
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 <u>Feb 28 1922</u> (28) <u>S. H. Stone</u> 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.					