

N. R.—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.

McClaw of Columbia

County of Columbia STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of ✓
 or
 Inc. Town of ✓
 or
 City of Columbia Registration District No. 28A Registered No. 1253
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 2236 Park St.; Ward)

(2) Full Name of Child William Laurin Swinby 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 ✓ (6) Are Parents Married Yes (7) DATE OF BIRTH June 21 1916
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME William Laurin Smith (14) NAME BEFORE MARRIAGE Elizabith Walker
 (9) PRESENT POSTOFFICE OF FATHER 2236 Park St. Columbia, S.C. (15) PRESENT POSTOFFICE OF MOTHER 2236 Park St. Columbia, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (Years) (Years)

(12) BIRTHPLACE Harris Co., Georgia (18) BIRTHPLACE Darien: Georgia
 (13) OCCUPATION Manager. Swift & Co. (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 415 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. H. H. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician 1501 Lady St

Given name added from a supplemental report
 191....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed or marked)
12/21/16 (27) Filed 12/21/16 (28) Clara G. G. 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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