

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.

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of Fairview
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

4344

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

City of (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 Wayman Harrell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14, 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Wayman Milton Lollis
(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.#3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER
(14) NAME BEFORE MARRIAGE Jane Hazell
(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.#3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. D. Stewart (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report

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

15 Registrar (27) Filed 19 (28) 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 6th month of pregnancy.