

THIS IS A PERMANENT RECORD.  
TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell

Township of Georgetown

or

Inc. Town of Charleston

or

City of Charleston

(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

40984

Registration District No. 5-07

Registered No. 27

(For use of Local Registrar)

(No. .... St.; .... Ward)

(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? No

(5) Number in order of birth  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct 20, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Hartzog

(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 21  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Corlena Collins

(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Ray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

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

19 23 Registrar

(27) Filed 9 19 23 (28) Francis J. Sanders 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.

Registrar  
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