

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 6.

McCauley of Columbia

(1) PLACE OF BIRTH

County of Rich

Township of .....

Inc. Town of .....

City of Columbia

(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

37387

Registration District No. 380

Registered No. 918

(For use of Local Registrar)

At: .....

Ward: .....

(2) Full Name of Child Rock J. J. Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 5, 32 (Name of Month) (Day) (Year)

FATHER Rock J. J.

MOTHER EDNA

(8) FULL NAME Rock J. J.

(14) NAME BEFORE MARRIAGE Mrs. Edna J. Farmer

(9) PRESENT POSTOFFICE OF FATHER Columbia SC

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Policeman

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1209 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 12/6 1932 (28) W. C. Williams 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.