

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

N. B.

MCCAW OF

## (1) PLACE OF BIRTH

County of Edgefield

Township of .....

OR  
Inc. Town of EdgefieldOR  
City of .....

(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

34238

Registration District No. 154 Registered No. 44  
(For use of Local Registrar)

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

(2) Full Name of Child Edith Maria Sharps If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 26, 1932</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME George D. Sharps(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Textile worker(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mada Berry(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
(Years)(18) BIRTHPLACE Edgefield Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. R. Nicholson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(27) Filed 11/14 19 32 (28) Chas. D. Lamb  
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

Local Registrar

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