

FORM NO. 7. MARGIN RESERVED FOR BINDING. 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.

McGaw, of Columbia.

(1) PLACE OF BIRTH			CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Aiken</u>			STATE OF SOUTH CAROLINA.		40646	
Township of <u>Windsor</u>			Bureau of Vital Statistics			
or Inc. Town of			State Board of Health			
City of			Registration District <u>265</u>		Registered No. <u>92</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					(For use of Local Registrar)	
(2) Full Name of Child... <u>Oscar L. Kaney</u>					if child is not yet named, make supplemental report as directed.	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 7, 1922</u>		
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)			
FATHER.			MOTHER			
(8) FULL NAME <u>Mr. Dewey Kaney</u>			(14) NAME BEFORE MARRIAGE <u>Mathie Mae Peacock</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Windsor, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Windsor, S. C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>	(Years)	
(12) BIRTHPLACE <u>Aiken County</u>			(18) BIRTHPLACE <u>Aiken County</u>			
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*						
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:20</u> <u>4</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)						
(23) (Signature) <u>W. Bone</u>			(25) Address of Physician or Midwife <u>Williston, S. C.</u>			
(24) State whether Physician or Midwife <u>Physician</u>						
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
....., 191....						
Registrar			(27) Filed <u>Dec 10 1922</u> (28) <u>O. L. Wicks</u> 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.