

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.

McCauley of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		COUNTY OF <u>Ynk</u>		TOWNSHIP OF <u>Ynk</u>		INC. TOWN OF		CITY OF		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
<div style="display: flex; justify-content: space-between;"> <div> <p>CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health</p> </div> <div> <p>File No.—For State Registrar Only 20606</p> </div> </div>											
Registration District No. <u>4408</u>						Registered No. <u>93</u> (For use of Local Registrar)					
<p>(2) Full Name of Child <u>Maggie Adams</u> (If child is not yet named, make supplemental report as directed)</p>											
(3) BOY OR GIRL? <u>Girl</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth		(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>June 22, 1922</u> (Name of month) (Day) (Year)			
FATHER.						MOTHER.					
(8) FULL NAME <u>Walker Adams</u>						(14) NAME BEFORE MARRIAGE <u>Maggie Tate</u>					
(9) PRESENT POSTOFFICE OF FATHER <u>Ynk R. F. D.</u>						(15) PRESENT POSTOFFICE OF MOTHER <u>Ynk R. F. D.</u>					
(10) COLOR OR RACE <u>negro</u>						(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)					
(12) BIRTHPLACE <u>Ynk Co.</u>						(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)					
(13) OCCUPATION <u>Farmer</u>						(18) BIRTHPLACE <u>Ynk Co.</u>					
(19) OCCUPATION <u>Domestic</u>						(21) Number of children of this mother now living, including present birth <u>2</u>					
(20) Number of children born to mother, including present birth <u>2</u>											
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>											
<p>(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:30 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>											
(23) (Signature) <u>Louis Douglas</u>						(25) Address of Physician or Midwife <u>Ynk R. F. D.</u>					
(24) State whether Physician or Midwife <u>midwife</u>											
Given name added from a supplemental report						(26) Witness <u>Jos. S. Baker</u> (Signature of Witness necessary only when question 23 is signed by mark)					
						(27) Filed <u>June 27, 1922</u> (28) <u>Jos. S. Baker</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.