

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.

N. B.

McGAW & CO.

(1) PLACE OF BIRTH

County of Bar Charleston  
Township of SUMMERVILLE S.C.  
Inc. Town of .....  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
42134

Registration District No. 17A Registered No. 89  
(For use of Local Registrar)  
St.; ..... Ward

(2) Full Name of Child Simons Vander Horst Waring

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Simons Waring  
(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
(12) BIRTHPLACE Summerville S.C.  
(13) OCCUPATION Broker  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Russa Johnson  
(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(18) BIRTHPLACE N.Y.  
(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 on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. J. Quinn  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville 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 JAN 10 1923 (28) C. H. L. ... 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.

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