

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.

(1) PLACE OF BIRTH

County of Abbe
Township of Old
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28462

Registration District No. 1.2.6 Registered No. 6.1
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Isabelle

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Beeze
(9) PRESENT POSTOFFICE OF FATHER Dur West 2C
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Abbe G
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Louise McCracken
(15) PRESENT POSTOFFICE OF MOTHER Dur West 2C
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Abbe G
(19) OCCUPATION Laborer
(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 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Beeze

(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 Sept. 11 1922 (28) J. H. Beeze 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.