

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.

(1) PLACE OF BIRTH
County of Abbeville
Township of

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

File No.—For State Registrar Only
6164

Inc. or Town of Registration District No. 1 A Registered No. 21
(For use of Local Registrar)
City of Abbeville (No. 16 Nickles St. 4th Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child William McElwain Lomax If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME Wallace Duncan Lomax

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Abbeville S.C.

(13) OCCUPATION Ins. Agent

(14) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Dominack

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Newberry Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C.C. Garbrell MD

(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) File Nov. 13, 1922 (28) Miss Julia McAllister Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return, & 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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