

WHITE 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.

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Wilmington</i>		STATE OF SOUTH CAROLINA		20426	
Township of <i>Wilmington</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No. <i>4301</i>		Registered No. <i>60</i>	
or				(For use of Local Registrar)	
City of		(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 <i>Belocra Ann</i>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 15, 1922</i>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <i>Julius Ann</i>			(14) NAME BEFORE MARRIAGE <i>Ophelia Crossen</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville S.C.</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>31</i>	(16) COLOR OR RACE <i>White</i>		(17) AGE AT LAST BIRTHDAY <i>30</i>	
(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>			
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>16</i>			(21) Number of children of this mother now living, including present birth <i>16</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>1:10 P.M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Emma White</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Greenville S.C.</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <i>June 5, 1922</i> (28) <i>J. C. Blackwell</i> Local Registrar.		
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.