

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of WorcesterTownship of St George SCInc. Town of St George SCCity of St George SC

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

(2) Full Name of Child

May Annette Shields
If child is not yet named, make provisional report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lewis Shields
(9) PRESENT POSTOFFICE OF FATHER St George SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE St George S.C.
(13) OCCUPATION Cookies Bakery
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Miss May Burns
(15) PRESENT POSTOFFICE OF MOTHER St George SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(18) BIRTHPLACE Aquia, Va
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife St George SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(28)

Miss A. J. Douglas

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.