

MARGIN RESERVED FOR BINDING.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		24408	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>100</u>		Registered No. <u>5-3</u>	
(No. St.; Ward)				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Infant</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
	<u>1</u>	<u>3</u>	<u>Yes</u>	<u>8/28</u> 19 <u>22</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>J E Thrice</u>			(14) NAME BEFORE MARRIAGE <u>Eva Thrice</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S C</u>		
(10) COLOR OR RACE <u>W</u>			(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Anderson Co</u>			(16) COLOR OR RACE <u>W</u>		
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(18) BIRTHPLACE <u>Abb Co</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6 A. M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>J E Thrice</u>					
(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)		
19 <u>22</u> Registrar			(27) Filed <u>Aug. 11</u> 19 <u>22</u> (28) <u>J. H. Proctor</u> 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.					