

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.

MARGIN RESERVED FOR BINDING.

FORM 54
MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chestnut
Township of Old Store

or
Inc. Town of

or
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 Mary B. Riggley

File No.—For State Registrar Only
33780

Registration District No. 1206

Registered No.
(For use of Local Registrar)

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 1st 1922
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Franklin Kirk
(9) PRESENT POSTOFFICE OF FATHER Pageland R#5
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1 one

MOTHER.
(14) NAME BEFORE MARRIAGE Marie Pigg
(15) PRESENT POSTOFFICE OF MOTHER Pageland R#3
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1/20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Gantt M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Jefferson, S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11/5 19 22 (28) P. H. Hines 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.

..... 19 (27) Filed 19 (28) Local Registrar.

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N. B.—