

MARGIN RESERVED FOR BINDING.

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.

MCCAY OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of LowndesTownship of Lowndesor  
Inc. Town of Bayor  
City of Bay

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Miss Grace Campbell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl(4) Twin or Triplet? 1

To be answered only in event of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 7 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Grace Wilson Campbell(9) PRESENT POSTOFFICE OF FATHER Bay(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Lowndes County, S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Edith Grace Brown(15) PRESENT POSTOFFICE OF MOTHER Bay(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Lowndes County(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6:00 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. D. Brown, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bay

Given name added from a supplemental report

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

(27) Filed 6/10 1922 (28) V. F. Smith 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.

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

14096

Registration District No. 10a Registered No. 105  
(For use of Local Registrar)

(No. .... St.; .... Ward)