

N. 2.—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.		MCCAY OF COLUMBIA, COLUMBIA, S. C.	
(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH	
County of <u>Gloucester</u>		STATE OF SOUTH CAROLINA	
Township of <u>Center</u>		Bureau of Vital Statistics	
or		State Board of Health	
Inc. Town of		Registration District No. <u>3500</u>	
or		Registered No. <u>160</u>	
City of		(For use of Local Registrar)	
(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 <u>Leuther</u>		{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>
(7) DATE OF BIRTH <u>Dec 22 1922</u>		(Name of Month) (Day) (Year)	
FATHER.		MOTHER.	
(8) FULL NAME <u>Paul Cobb</u>	(14) NAME BEFORE MARRIAGE <u>Miriam Harrison</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fairplay</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fairplay</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Cummin Ga</u>	(18) BIRTHPLACE <u>Cummin Ga</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Winekeeping</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>As live</u> at <u>2</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)			
(23) (Signature) <u>Lula Belle Midwife</u>		(25) Address of Physician or Midwife	
(24) State whether 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		(27) Filed <u>Jan 9 1923</u> (28) <u>A. P. Martin</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.			

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