

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Waterloo  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

139-22-050717

Registration District No. 2907 Registered No. ....  
 (For use of Local Registrar)

Full Name of Child John Anderson 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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1  
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 23, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rufus Anderson(9) PRESENT POSTOFFICE OF FATHER Waterloo(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30  
 (Years)(12) BIRTHPLACE Id(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Ligon(15) PRESENT POSTOFFICE OF MOTHER Waterloo(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28  
 (Years)(18) BIRTHPLACE Id(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 p M.,  
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Alice Sharp  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waterloo

Given name added from a supplemental report

(26) Witness J. L. Finner  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10, 1923 (28) J. A. B. B. B. 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.

AFF Next FRAME