

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

County of Greenville  
Township of Highland  
or  
Inc. Town of.....  
or  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**18885**

Registration District No. 2211 Registered No. 45  
(For use of Local Registrar)

(2) Full Name of Child

Al Nam (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 21, 22  
(Name of Month) (Day) (Year)

FATHER.  
8) FULL NAME Daniel O'Nam  
9) PRESENT POSTOFFICE OF FATHER Greenville #2  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 36  
(Years)  
12) BIRTHPLACE D.C.  
13) OCCUPATION Farm  
20) Number of children born to mother, including present birth 7

MOTHER.  
14) NAME BEFORE MARRIAGE Ellie Babb  
15) PRESENT POSTOFFICE OF MOTHER Greenville #2  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 33  
(Years)  
18) BIRTHPLACE D.C.  
19) OCCUPATION House wife  
21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at... 6 A.... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. E. Morrow (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Compotack

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 23, 1922 (28) S. J. Wilson 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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