

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. THIS OTHER, No. 2, etc., in question 8.

MEGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumner  
Township of Grays  
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

15598

Registration District No. 2901 Registered No. 30  
(For use of Local Registrar)

(2) Full Name of Child

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

(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 9 (6) Are Parents Married? yes (7) DATE OF BIRTH May 30, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dr. C. H. Poon  
(9) PRESENT POSTOFFICE OF FATHER Gray Court S.S.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE S.S.  
(13) OCCUPATION Construction Work  
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Smith  
(15) PRESENT POSTOFFICE OF MOTHER Gray Court S.S.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE S.S.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive ...nt. 8:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. B. Mason M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 8, 1922 (28) W. C. Mahon 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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Other Only

Ward)

make directed

22

had

R 4

28

P.M.

Midwife

trav.