

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

allendale

Township of

Baldov

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.)

Registration District No.

*4602*Registered No. *59*
(For use of Local Registrar)(2) Full Name of Child *Evelyn Black*

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

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 3 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Willie Black

(9) PRESENT POSTOFFICE OF FATHER

appleton SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

3.5
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Laborer

(20) Number of children born to mother, including present birth

one

MOTHER

(14) NAME BEFORE MARRIAGE

Cora Thompson

(15) PRESENT POSTOFFICE OF MOTHER

appleton SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farm Laborer

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dora H. Care

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Midwife Mark appleton SC

(26) Witness

J. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 16 1922(28) *J. H. Boyd MD*
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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