

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 6.

RECAP OF COLUMBIA, COLUMBIA, S. C.

McGAW

(1) PLACE OF BIRTH

County of Pickens
Township of Casley
or
Inc. Town of.....
or
City of.....

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

Registration District No. 3702

File No.—For State Registrar Only

31819

Registered No. 63
(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

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 Sept. 17, 22
(Name of month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Burl L. Jameson (10) NAME BEFORE MARRIAGE Essie Ellison
(9) PRESENT POSTOFFICE OF FATHER Casley P. #1 (15) PRESENT POSTOFFICE OF MOTHER Casley P. #1
(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 30 (18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE B.C. (19) BIRTHPLACE B.C.
(13) OCCUPATION Farmer (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by week) [Signature]
(27) Filed Oct. 2, 22 (28) [Signature] 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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