

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.

McCAIG OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of NewberryTownship of # 10

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.)

(2) Full Name of Child Able Suber

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 22, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Edmund Suber(9) PRESENT POSTOFFICE OF FATHER Prosperity(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Holman(15) PRESENT POSTOFFICE OF MOTHER Prosperity(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 7 a M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Georgiana Holman(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Prosperity

Given name added from a supplemental report

(26) Witness Elberta Sease  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 10, 1922 (28) Elberta Sease  
Registrar 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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23265

Registration District No. 3401 Registered No. 29

(For use of Local Registrar)

(No. .... St.; .... Ward)