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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20696

(1) PLACE OF BIRTH
County of Aiken
Township of Hammond
or
Inc. Town of .....
or
City of .....

Registration District No. 2015 Registered No. 23
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Andrew L. Ford — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? —
(5) Number in order of birth —
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 30, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Andrew Ford	(14) NAME BEFORE MARRIAGE Susie Clark
(9) PRESENT POSTOFFICE OF FATHER C Water Sc	(15) PRESENT POSTOFFICE OF MOTHER C Water Sc
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Aiken Sc	(18) BIRTHPLACE Aiken Co
(13) OCCUPATION Mill Opr	(19) OCCUPATION Mill Opr
(20) Number of children born to mother, including present birth 7	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was a Lwr (Born alive or stillborn) at 4:30 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) No Physician
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

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 22 1922 (28) Jno. I. Greenwood
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.