

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 5.

McGaw, of Columbia

(1) PLACE OF BIRTH  
 County of Richland  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Columbia, S.C. (No. 411 Sumter St.; 1st Ward)  
 (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  
36237

Registration District No. 58a Registered No. 1853  
 (For use of Local Registrar)

(2) Full Name of Child Margaretta Waits { If child is not yet named, make supplemental report as directed.

(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE BIRTH
<u>Girl</u>	<u>No</u>	<u>1</u>	<u>Yes</u>	<u>Oct. 31, 1922</u> (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Joe Waits</u>	(14) NAME BEFORE MARRIAGE	<u>Addie Mabry</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Columbia, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Columbia, S.C.</u>
(10) COLOR OR RACE	<u>Colored</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>38</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>31</u> (Years)
(12) BIRTHPLACE	<u>Newberry Co., S.C.</u>	(18) BIRTHPLACE	<u>Newberry Co., S.C.</u>
(13) OCCUPATION	<u>Employee Ice Factory</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>10</u>	(21) Number of children of this mother now living, including present birth	<u>7</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at 1107 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. A. Middleton, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
 tal report

(26) Witness .....  
 (Signature of Witness necessary only  
 when question 23 is marked "Stillborn")

(27) Filed 11-13-22 (28) 191-22 (29) 191-22

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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