

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 <u>Mecklenburg</u> Township of <u>DeKalb</u> or Inc. Town of or City of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">22735</div>	
		Registration District No. <u>2701</u>		Registered No. <u>131</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Wade Crawford</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Girl</u>		(4) Twin or Triplet? To be answered only in event of Twins or Triplets		(5) Number in order of birth	
				(6) Are Parents Married? <u>Yes</u>	
				(7) DATE OF BIRTH <u>May 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wade Crawford</u>			(14) NAME BEFORE MARRIAGE <u>Laura Crawford</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wade</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wade</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Al</u>			(18) BIRTHPLACE <u>Al</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Martha J. Dinsden</u>					
(24) State whether, Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Wade</u>					
Given name added from a supplemental report			(26) Witness <u>Wade</u> (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <u>July 20 1922</u>			(28) <u>Wade</u> 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.