

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
Township of
or
Inc. Town of
or
City of Easley, S.C.
(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

16334

Registration District No. 37-2

Registered No. 79
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR
GIRL? boy

(4) Twin
or Triplet? no

(5) Number in
order of birth 1
To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH May 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Arthur D. Ditor

(9) PRESENT
POSTOFFICE
OF FATHER Easley, S.C.

(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 29
(Years)

(12) BIRTHPLACE
Pickens Co. S.C.

(13) OCCUPATION
mill hand

(20) Number of children born to
mother, including present birth 11 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Mrs. Pigg Hendricks

(15) PRESENT
POSTOFFICE
OF MOTHER Easley, S.C.

(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 29
(Years)

(18) BIRTHPLACE
NE

(19) OCCUPATION
mill hand

(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 about 2 10 at A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. J. Herman M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Easley, S.C.

Given name added from a supplement-
tal report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed June 8 1922 (28) E. H. H. H.
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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