

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**6209**

County of Abbeville  
Township of Plain  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 106 Registered No. 10  
(For use of Local Registrar)

(2) Full Name of Child Christie Arabes (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 30, 1922  
(Name of Month) (Day) (Year)

| FATHER.  |   | MOTHER.  |  |
|--|---|--|--|
| (8) FULL NAME <u>Warrick Williams</u>                                    | (14) NAME BEFORE MARRIAGE <u>Cora Williams</u>                                      | (15) PRESENT POSTOFFICE OF FATHER <u>Plain</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Plain</u> |
| (10) COLOR OR RACE <u>Colored</u>  | (11) AGE AT LAST BIRTHDAY <u>37</u> (Years)   | (16) COLOR OR RACE <u>Colored</u>              | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years)    |
| (12) BIRTHPLACE <u>Abbeville</u>   | (18) BIRTHPLACE <u>Abbeville</u>  | (13) OCCUPATION <u>Farming</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>5</u> |  |  |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Abbeville at 2 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie Jenkins  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Plain

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 April 10, 1922 (28) J. H. Braxton 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.