

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia (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

23631

Registration District No. 38 Registered No. 1526
(For use of Local Registrar)
City of Columbia No. 1921 Ward Hampton St.;
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Abner Cline Flora If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 19</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Abraham Flora</u>			(14) NAME BEFORE MARRIAGE <u>Lula Humbert</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Virginia</u>			(18) BIRTHPLACE <u>Virginia</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Abner at 4:11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Woodward (24) State whether Physician or Midwife (25) Address of Physician or Midwife 1416 Hampton

See affidavit to birth

Given name added from a supplemental report

Mary H. Woodward 1914
Registrar

(26) Witness (Signature of Witness necessary when question 24 is signed) W. B. Woodward

(27) Filed 7-25 1914 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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