

FORM NO. 8.

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 2.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Greenville

Township of

*Greenville*or
Inc. Town of*Greenville*or
City of*Greenville*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *2209* Registered No. *397*

(For use of Local Registrar)

(2) Full Name of Child. *Columbus Christopher* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <i>1</i>	(6) Are Parents married? <i>Yes</i>	(7) DATE OF BIRTH <i>8-8-8</i> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <i>Just Christopher</i>			(14) NAME BEFORE MARRIAGE <i>Edith Smith</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville</i>	
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> <small>(Years)</small>	(16) COLOR OR RACE <i>W</i>		
(12) BIRTHPLACE <i>S.C.</i>		(17) AGE AT LAST BIRTHDAY <i>18</i> <small>(Years)</small>		
(13) OCCUPATION <i>Merchant</i>			(18) BIRTHPLACE <i>Greenville</i>	
(19) OCCUPATION <i>House</i>			(20) BIRTHPLACE <i>Greenville</i>	
(21) Number of children born to mother, including present birth <i>1</i>			(22) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *3:30* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *[Signature]*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Greenville*

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Aug 10* 191.... (28) *A. H. Mackay* 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.