

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, S. C.

(1) PLACE OF BIRTH

County of Dillon
Township of Manning
or
Inc. Town of
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

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

Registration District No. 1605

File No.—For State Registrar Only
42114

Registered No. 80
(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? To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Razz Graham

MOTHER.
(14) NAME BEFORE MARRIAGE Marie Ross

(9) PRESENT POSTOFFICE OF FATHER Dillon S.C.

(15) PRESENT POSTOFFICE OF MOTHER Dillon S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36
(Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Ga.

(18) BIRTHPLACE Ala.

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer work-housekeeping

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

(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 Born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Euneline Manning

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Dillon S.C.

Given name added from a supplemental report

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

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(27) Filed Dec 9 1922 (28) B. L. Williams 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.