

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.

MCCLAW OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Marlboro  
 Township of Chatham  
 or  
 Inc. Town of Blis  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
23194

Registration District No. 3301 Registered No. 96  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 11, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>John Scott</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blis S.C.</u>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>2</u> (Year)	(12) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farming</u>	(14) NAME BEFORE MARRIAGE <u>Katia Stuyckland</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blis S.C.</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>—</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>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Allen Hammer, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Blis S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) W. S. Worley 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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