

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
Towaship of .....  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 212

File No.—For State Registrar Only  
**40618**

Registered No. 32  
(For use of Local Registrar)

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

(2) Full Name of Child Bessie Hall

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 14</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Bellinger Hall  
(9) PRESENT POSTOFFICE OF FATHER Hawthorne SC  
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY ..... (Years)  
(12) BIRTHPLACE Aiken CO  
(13) OCCUPATION .....  
(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Idamay Williams  
(15) PRESENT POSTOFFICE OF MOTHER Hawthorne  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY ..... (Years)  
(18) BIRTHPLACE Aiken CO  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

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

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

(23) (Signature) Midwife Johnson  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hawthorne SC

Given name added from a supplemental report

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

(27) Filed 12/14 1922 (28) S. J. Owens 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.