

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of Florence

Township of James Pool

Inc. Town of .....

City of .....

Registration District No. 2006

Registered No. 39

(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.)

File No.—For State Registrar Only

**38307**

(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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Sept 24, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME But Langston

(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE Summerville, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Jackson

(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE Atkins, S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 2

## 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) W. E. Perkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summerville, 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 Nov 10 19 22 (28) Thos. J. Humphrey 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.