

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.

McCook of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of \_\_\_\_\_

Township of \_\_\_\_\_

or \_\_\_\_\_

Inc. Town \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_

(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

11425

Registration District No. 23a

Registered No. 46

(For use of Local Registrar)

(No. \_\_\_\_\_)

Ward \_\_\_\_\_

(2) Full Name of Child

James William

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

(3) SEX

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age

(7) DATE OF BIRTH

2/22/22

FATHER

MOTHER

(8) FULL NAME

James W. Edmon

(14) NAME BEFORE MARRIAGE

Mrs. Thos. C. Cullough

(9) PRESENT POSTOFFICE OF FATHER

Saluda

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(10) COLOR OR RACE

wh

(11) AGE AT LAST BIRTHDAY

44

(16) COLOR OR RACE

wh

(17) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Saluda

(18) BIRTHPLACE

D.C.

(13) OCCUPATION

Textile

(19) OCCUPATION

Housewife

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

1

(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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed

4/10/22

(28)

W. A. 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.

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