

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 Lanier  
Township of W. Ashbrook  
or  
Inc. Town of  
or  
City of Warrickville #1  
(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  
**31010**

Registration District No. 7-907. Registered No. 55  
(For use of Local Registrar)

(2) Full Name of Child Walter Benjamin Daniel  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(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>Feb 26 22</u> (Name) (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Walter L. Daniel</u>			(14) NAME BEFORE MARRIAGE <u>Fay Moore</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Warrickville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Warrickville</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Spokane Co</u>			(18) BIRTHPLACE <u>Greenwood Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) <u>[Signature]</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Warrickville</u>
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u>
..... 19 .....		(27) Filed <u>Oct 10 1922</u> (28) <u>[Signature]</u> 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.