

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		87601	
Township of <u>Wedgefield</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>4103</u>		Registered No. <u>78</u>	
or				(For use of Local Registrar).	
City of .....		(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 <u>Jane Olden</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 3 6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Olden</u>			(14) NAME BEFORE MARRIAGE <u>Mary Prueby</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wedgefield</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wedgefield</u>		
(10) COLOR OR RACE <u>col</u>			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)			(18) BIRTHPLACE <u>SC</u>		
(12) BIRTHPLACE <u>SC</u>			(19) OCCUPATION <u>Farmer</u>		
(13) OCCUPATION <u>Farmer</u>			(20) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nelson Prueby</u>			(25) Address of Physician or Midwife <u>Wedgefield</u>		
(24) State whether Physician or Midwife <u>Farmer</u>					
Given name added from a supplemental report			(26) Witness <u>M. L. Prueby</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <u>Nov 2 19 6</u> (28) <u>M. L. Prueby</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.

K O D A