

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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>Greenwood</u>				STATE OF SOUTH CAROLINA		4500		
Township of <u>Irby</u>				Bureau of Vital Statistics				
or Inc. Town of <u>Irby</u>				State Board of Health				
City of <u>Irby</u>				Registration District No. <u>2-3-12</u>		Registered No. <u>9</u>		
(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>William Wickum</u> If child is not yet named, make supplemental report as directed								
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 8 1922</u> (Name of Month (Day) (Year))				
FATHER.				MOTHER.				
(8) FULL NAME <u>Sam. Henry Wickum</u>				(14) NAME BEFORE MARRIAGE <u>Viola Johnson</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Irby S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Irby S.C.</u>				
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)		(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>				(18) BIRTHPLACE <u>S.C.</u>				
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>				
(20) Number of children born to mother, including present birth <u>4</u>				(21) Number of children of this mother now living, including present birth <u>4</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE								
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour * M. or P. M.)								
(23) (Signature) <u>Meekuda Scott</u>				(25) Address of Physician or Midwife <u>Irby S.C.</u>				
(24) State whether Physician or Midwife <u>Midwife</u>								
Given name added from a supplemental report				(26) Witness <u>J. G. Plummer</u> Signature of Witness necessary only when question 23 is signed by (mark)				
19 .....				(27) Filed <u>Feb 27 1922</u> (28) <u>J. G. Plummer</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.								