

THIS IS A PERMANENT RECORD.  
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.  
MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spartanburg.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. 113 Oliver..... St.; 6..... Ward)

(2) Full Name of Child Opal Brown.....

(3) BOY OR GIRL Girl. (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes. (7) DATE OF BIRTH May..... 25..... 1922.....  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bobo Brown  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg.  
(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY..... 33.....  
(12) BIRTHPLACE .....  
(13) OCCUPATION S.C.  
Cotton mill operative.  
(20) Number of children born to mother, including present birth {..... Five.....

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Knighton.  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY..... 38.....  
(18) BIRTHPLACE .....  
(19) OCCUPATION S.C.  
Home.  
(21) Number of children of this mother now living, including present birth {..... Five.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive..... at 6 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) W W Boyd  
(24) State whether Physician or Midwife..... (25) Address of Physician or Midwife Spartanburg, S.C.  
Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
Geo. Copes.....  
Local Registrar.

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is born alive. No report is desired of stillbirths.  
When a child is born dead, it is a stillbirth. No report is desired of stillbirths.