

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.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Abbeville Co  
 Township of Diamond Hill  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 108... Registered No. 2...  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**17265**

**(2) Full Name of Child** ----- (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</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>June 10, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Do not know</u>	(9) PRESENT POSTOFFICE OF FATHER " " "	(10) COLOR OR RACE " "	(11) AGE AT LAST BIRTHDAY (Years)	(14) NAME BEFORE MARRIAGE <u>Clara Pitt</u>
(12) BIRTHPLACE " "	(13) OCCUPATION " "	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY (Years)	(15) PRESENT POSTOFFICE OF MOTHER <u>Antinville S.C.</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>	(18) BIRTHPLACE <u>Abbeville Co</u>	(19) OCCUPATION <u>Farmer</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... Boysie ... at 100 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Edgar McEwen  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Antinville S.C.

Given name added from a supplemental report

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

(27) Filed 6/17 19 22 (28) J. M. Patterson 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.