

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

MCGRAW OF COLUMBIA, COLUMBIA, S. C.

N.

MCGRAW

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Bertha Spear*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*June 10, 1922*

(Name of Month) (Day) (Year)

St.; ..... Ward)

## FATHER.

(8) FULL NAME

*Henry Spear*

(9) PRESENT POSTOFFICE OF FATHER

*Sumter*

(10) COLOR OR RACE

*Colored*

(11) AGE AT LAST BIRTHDAY

*35*

(12) BIRTHPLACE

*Sumter Co.*

(13) OCCUPATION

*Labour*

(20) Number of children born to mother, including present birth

*3*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Lela Boone*

(15) PRESENT POSTOFFICE OF MOTHER

*Sumter*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*28*

(18) BIRTHPLACE

*Lee County*

(19) OCCUPATION

*Housekeeper*

(21) Number of children of this mother now living, including present birth

*3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... *Female*... at... *7 P.M.*... on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

*Agnie Joe Midwife*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*June 11, 1922*

(28) 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.

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