

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 | |
|--|--|---------------------------------------|--|--|--|
| County of <u>Lexington, S.C.</u> | | STATE OF SOUTH CAROLINA | | 23053 | |
| Township of <u>Will Creek</u> | | Bureau of Vital Statistics | | | |
| Inc. Town of..... | | State Board of Health | | | |
| City of..... | | Registration District No. <u>3128</u> | | Registered No. <u>22</u> | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | (For use of Local Registrar) | |
| (2) Full Name of Child <u>Mazie Elora Oswald</u> (If child is not yet named, make supplemental report as directed) | | | | | |
| (3) BOY OR GIRL? <u>Girl</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>9</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 29, 1922</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Willie Oswald</u> | | | (14) NAME BEFORE MARRIAGE <u>Bertha Brice</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Gilbert, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Gilbert, S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>39</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>38</u> (Years) | | |
| (12) BIRTHPLACE <u>S.C.</u> | | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>House wife</u> | | |
| (20) Number of children born to mother, including present birth <u>Nine</u> | | | (21) Number of children of this mother now living, including present birth <u>Nine</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8</u> a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>P. P. Smith, M.D.</u> | | | | | |
| (24) State whether Physician or Midwife | | | | | |
| (25) Address of Physician or Midwife <u>Gilbert, S.C.</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
| <u>M. B. Woodward, M.D.</u> | | | <u>P. P. Smith, M.D.</u> | | |
| <u>Sept 9, 1922</u> Registrar | | | (27) Filed <u>Aug 2, 1922</u> (28) <u>P. P. Smith</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.

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