

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

County of Sumter  
Township of "  
OR  
Inc. Town of "  
OR  
City of Oswego

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**20338**

Registration District No. .... Registered No. 123  
(For use of Local Registrar)

(2) Full Name of Child

Charles Dubose

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH May 30 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Sie Dubose  
9) PRESENT POSTOFFICE OF FATHER Oswego S C  
10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 48  
(Years)  
12) BIRTHPLACE Oswego Conn.  
13) OCCUPATION Farming  
20) Number of children born to mother, including present birth 12

MOTHER.

14) NAME BEFORE MARRIAGE Matilda Dubose  
15) PRESENT POSTOFFICE OF MOTHER Oswego S C  
16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 31  
(Years)  
18) BIRTHPLACE Oswego Conn.  
19) OCCUPATION House wife for husband  
21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was. . . Born . . . at 5 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mon + Cash  
(Signature of Witness necessary only when question 23 is signed by matron)

(27) Filed 19 (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.