

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		6199	
Township of <u>Donalds</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>105</u>		Registered No. <u>10</u>	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>not named (Harriet)</u> {If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>April 11, 1922</u>	
To be answered only in case of Twins or Triplets		<u>1</u>	<u>Yes</u>	(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm. Lomas</u>			(14) NAME BEFORE MARRIAGE <u>Helen Seawright</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Doe west</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Doe west</u>		
(10) COLOR OR RACE <u>Black.</u>			(16) COLOR OR RACE <u>Black.</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u>			(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>Abbeville Co</u>			(18) BIRTHPLACE <u>Abbeville Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</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>		
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>6 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Teddy Smith</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Doe west</u>					
Given name added from a supplement- tal report					
(26) Witness <u>L. H.</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>April 10, 1922</u> (28) <u>Lucile Humphrey</u> Registrar 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.