

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.

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Oconee
Township of Neguman
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19625

Registration District No. 589 Registered No. 71
(For use of Local Registrar)

(2) Full Name of Child Mrs. Ross Garland

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

3) BOY OR GIRL 2 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH June 8, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME T. S. Sanders
9) PRESENT POSTOFFICE OF FATHER Princeton
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY.....
(Years) 12) BIRTHPLACE Oconee Co. S.C.
13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Ethel Garland
15) PRESENT POSTOFFICE OF MOTHER Princeton S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY.....
(Years) 18) BIRTHPLACE Mecon Co. S.C.
19) OCCUPATION Housekeeper

20) Number of children born to mother, including present birth 1 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John H. McKelvey
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Princeton 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 July 10, 1922 (28) R. W. Lewis
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.