

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.

(1) PLACE OF BIRTH
 County of Macon
 Township of Macon
 OR
 Inc. Town of Macon
 OR
 City of Macon (No. 32 St.; A Ward)
 (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
19418

Registered No. 40
 (For use of Local Registrar)

(2) Full Name of Child Joseph James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>32</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 18 1900</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Richard Jones</u>			(14) NAME BEFORE MARRIAGE <u>Lilla Clark</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Macon</u>			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR & RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Macon</u>			(18) BIRTHPLACE <u>Macon</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Joseph James
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness Mrs. G. G. G. G. G.
 (Signature of Witness necessary only when question 23 is signed by male)
 (27) Filed June 18 1900 (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.