

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 Cherokee
Township of
or
Inc. Town of
or
City of Gaffney, S.C.
(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
25295

Registration District No. 10a Registered No. 177
(For use of Local Registrar)
(No. City-Hospitals 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 Edward Reans Husky (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 5 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Martin Gay Husky
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(Years)
(12) BIRTHPLACE Cherokee Co
(13) OCCUPATION Asst Cashier - Bank
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Gladys Reans
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)
(18) BIRTHPLACE Moultrie Ga
(19) OCCUPATION Home work
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at 12:05 AM.,
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. B. Oberholtzer
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney 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 Sept 11 1922 (28) W. F. Smith 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.

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.