

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 6.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA		23502	
Township of <u>Union</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No. <u>3616</u>		Registered No. <u>40</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>Walter Baxter</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 13 22</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Leon Baxter</u>			(14) NAME BEFORE MARRIAGE <u>Christabel Zyle</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cope SE RFD</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cope SE RFD</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Orangeburg Co</u>			(18) BIRTHPLACE <u>Orangeburg Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</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>12:30</u> A.M., on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.))					
(23) (Signature) <u>Learnia X. Lockett</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Cope SE RFD</u>					
Given name added from a supplemental report			(26) Witness <u>R. H. Humeray</u>		
..... 19			(27) Filed <u>July 11 1922</u>		
Registrar			(28) Local Registrar <u>R. H. Humeray</u>		

*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.