

(1) PLACE OF BIRTH

County of *Sum. vills.*

Township of

Inc. Town of

City of *Sum. vills.*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

3) BOY OR GIRL *M.*

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH *6/3/22*8) FULL NAME OF FATHER *Samuel Leroy Capelle*9) FULL NAME OF MOTHER *Leola Lona Terbin*9) PRESENT POST OFFICE OF FATHER *Sum. vills. S.C.*10) PRESENT POST OFFICE OF MOTHER *Sum. vills. S.C.*10) COLOR OR RACE *N.*11) AGE AT LAST BIRTHDAY *29* (Years)12) BIRTHPLACE *Sum. vills. S.C.*13) BIRTHPLACE *Sum. vills. S.C.*13) OCCUPATION *Steam-fitter*14) OCCUPATION *House wife*20) Number of children born to mother, including present birth *2*21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *born* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) *12 A. M.*(23) (Signature) *M. M. Terbin*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Sum. vills.*

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed *June 6, 1922* (28) *A. N. Mackley* 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.

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Registration District No. *2209* Registered No. *192* (For use of Local Registrar)(No. *309* *Sum. vills.* Ward)

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

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POST OFFICE OF MOTHER

(16) COLOR OR RACE *N.*(17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *Sum. vills. S.C.*

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

McCAW