

MARON RESERVED FOR BINDING.

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland  
 Township of Richland  
 or  
 Inc. Town of .....  
 or  
 City of Columbia 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

31918

Registration District No. 384 Registered No. 1707  
 (For use of Local Registrar)

(2) Full Name of Child Eddie Smith

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17 19 22  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Smith  
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Puehburg Pa  
 (13) OCCUPATION Painter

MOTHER.

(14) NAME BEFORE MARRIAGE Winnia Montgomery  
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Jay Res S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 2 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Med W. J. J.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Med W. J. J. 107 W. 10th St. Columbia S.C.

Given name added from a supplemental report

Eddie Smith  
 Registrar

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

(27) Filed ..... 19 ..... (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.