

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH EXPANDING 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 2.

McGraw, of Columbia

(1) PLACE OF BIRTH  
County of Columbia

Township of .....

or  
Inc. Town of .....

or  
City of Columbia

(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

37314

Registration District No. 380 Registered No. 948

(For use of Local Registrar)

(2) Full Name of Child Helen Lucille Lindall If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? g (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 16 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Johnnie McLaurin Twiss

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Horry Co.

(13) OCCUPATION Seiter

(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Shealy

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Lexington Co S. C.

(19) OCCUPATION H. W.

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive as 8:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Shealy, M.D.

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/18 1923 (28) W. P. S. Co. 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.