

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.

McGARY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		23334	
State Board of Health		Registration District No. 9600		Registered No. 91	
County of <u>Upson</u>		Registration District No. 9600		(For use of Local Registrar)	
Township of <u>Candler</u>		(No. St.; Ward)			
Inc. Town of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of		(2) Full Name of Child <u>Louisa Adams</u>		{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 29, 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER.		
(8) FULL NAME <u>John Adams</u>			(14) NAME BEFORE MARRIAGE <u>Ethel Martin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Westminster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Farming</u>			(18) BIRTHPLACE <u>Housekeeping</u>		
(13) OCCUPATION			(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</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>6 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lula Earle</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filled <u>July 20, 1922</u> (28) <u>A. P. Martin</u> Local Registrar.		
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.					
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.					