

REWRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. II.—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 Greenville
Township of Chert Spring
or
Inc. Town of _____
or
City of Greer SC

(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 Wynne Louise

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

(3) ☒ BOY OR GIRL
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number In order of birth
(6) Are Parents Married? yes
(7) DATE OF BIRTH June 29 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Eugene Harold Sidney Hobson
(9) PRESENT POSTOFFICE OF FATHER Greer SC
(10) COLOR OR RACE w
(11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Spartanburg Co
(13) OCCUPATION Garage foreman
(20) Number of children born to mother, including present birth five

MOTHER.
(14) NAME BEFORE MARRIAGE Willie May Mosley
(15) PRESENT POSTOFFICE OF MOTHER Greer SC
(16) COLOR OR RACE w
(17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Spartanburg Co
(19) OCCUPATION Washer
(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Thurman O. Warren
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Greer S.C.

Given name added from a supplemental report
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..... 19 .. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 8/10 1922 (28) W. G. C. 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.

Registrar _____ Local Registrar _____

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