

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. N. M.—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.

<p>(1) PLACE OF BIRTH County of <u>Hopkins</u> Township of <u>Hutch</u> or Inc. Town of..... or City of..... (If birth occurs in a hospital or institution, give name of same and of street and number.)</p>		<p>CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health</p>		<p>File No.—For State Registrar Only 34439</p>	
<p>(2) Full Name of Child <u>Robert Luther Macken</u></p>		<p>Registration District No. <u>2010</u> Registered No. <u>73</u> (For use of Local Registrar)</p>		<p>St.; Ward)</p>	
<p>(3) BOY OR GIRL <u>Boy</u></p>		<p>(4) Twin or Triplet? <u>No</u></p>		<p>(5) Number in order of birth <u>1st</u></p>	
<p>(6) Are Parents Married? <u>Yes</u></p>		<p>(7) DATE OF BIRTH <u>Apr 2 1922</u> (Nature of Month) (Day) (Year)</p>		<p>If child is not yet named, make supplemental report as directed</p>	
<p>FATHER</p> <p>(8) FULL NAME <u>Les Matthews</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Cawards SC</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)</p> <p>(12) BIRTHPLACE <u>SC</u></p> <p>(13) OCCUPATION <u>Merchant</u></p> <p>(20) Number of children born to mother, including present birth <u>4</u></p>			<p>MOTHER</p> <p>(14) NAME BEFORE MARRIAGE <u>Old Gause</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Cawards SC</u></p> <p>(16) COLOR OR RACE <u>White</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)</p> <p>(18) BIRTHPLACE <u>SC</u></p> <p>(19) OCCUPATION <u>House wife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>4</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p>					
<p>(22) I hereby certify that I attended the birth of this child who was <u>born alive</u> at <u>4 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)</p> <p>(23) (Signature) <u>W. H. Gause</u></p> <p>(24) State whether Physician or Midwife <u>Physician</u></p> <p>(25) Address of Physician or Midwife <u>Cawards SC</u></p>					
<p>Given name added from a supplemental report</p> <p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>Oct 11 1922</u> (28) <u>E. L. McTigmer</u> Local Registrar</p>					
<p>*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.</p>					