

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of York
or
City of York
(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

Registration District No. 4-406

File No.—For State Registrar Only

32753

Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Sept. 11, 1922</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Bert Bayne</u>			(14) NAME BEFORE MARRIAGE <u>Verne E. Bayne</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>H. Hill St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>H. Hill St.</u>	
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY (Year) <u>21</u>	
(12) BIRTHPLACE <u>H. Hill St.</u>			(18) BIRTHPLACE <u>H. Hill St.</u>	
(13) OCCUPATION <u>mill work.</u>			(19) OCCUPATION <u>mill work.</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. E. Bayne

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
H. Hill St.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 10/11-22 (28) A. L. Parks
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.

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