

FORM NO. 7. MARGIN RESERVED FOR INDEXING.
WHEN PLACED IN WITH ENVELOPING 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.

McCauley, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Columbia</u>		STATE OF SOUTH CAROLINA.		5255	
Township of <u>Chickadee</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>3604</u>		Registered No. <u>11</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Hattie May Brock</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 28 22</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Frederick House</u>			(14) NAME BEFORE MARRIAGE <u>Oliver Mack</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wadsworth S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wadsworth S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>58</u>			(17) AGE AT LAST BIRTHDAY <u>39</u>		
(12) BIRTHPLACE <u>Columbia S.C.</u>			(18) BIRTHPLACE <u>Columbia S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>11</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Julia Barker</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Wadsworth S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			<u>Feb 28 22</u>		
..... Registrar			(27) Filed <u>Feb 28 22</u> (28) <u>Local Registrar</u>		

*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.