

MARGIN RESERVED FOR FILING

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.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Barnwell

Township of Barnwell

or Inc. Town of Barnwell

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. 501 Ward 44)

(2) Full Name of Child Harry Lee O'Bannon

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sep 19 22

FATHER

(8) FULL NAME Harry Lee O'Bannon

(9) PRESENT POSTOFFICE OF FATHER Barnwell

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 57

(12) BIRTHPLACE Barnwell

(13) OCCUPATION Lawyer

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Palmer

(15) PRESENT POSTOFFICE OF MOTHER Barnwell

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 38

(18) BIRTHPLACE Richmond Va

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alfred at 4:45 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) D. H. Huggins

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Blacksville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 10 22

(28) N. F. Kirkland

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.