

MARGIN RESERVED FOR BINDING.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Registration District No. 40-A Registered No. 253  
(For use of Local Registrar)  
Michael Wagner Kirby  
(No. 27 St. Converse St.; ..... Ward)  
If child is not yet named, make supplemental report as directed

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 May 11 1922  
(Name of Month) (Day) (Year)

FATHER.  
8) FULL NAME G. W. Kirby  
9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 33  
(Years)  
12) BIRTHPLACE S.C.  
13) OCCUPATION Carpenter  
20) Number of children born to mother, including present birth 6

MOTHER.  
14) NAME BEFORE MARRIAGE Mallie Hughes  
15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 25  
(Years)  
18) BIRTHPLACE S.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Bevel Hughes M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 102 E. Main St.

Given name added from a supplemental report  
J. B. W. M.  
3/13/42, 19 1922  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 7-1-1922 (28) Jas Coker  
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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