

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING IN.—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 Greenwood  
 Township of Brooks  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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

File No.—For State Registrar Only  
**18921**

Registration District No. 2.201 Registered No. 15.....  
 (For use of Local Registrar)

(2) Full Name of Child Curtis Johnson {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 11, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Williams</u>	(14) NAME BEFORE MARRIAGE <u>Susie Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>ninety-six</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>ninety-six</u>
(10) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>K.K.</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>Greenwood Co.</u>	(18) BIRTHPLACE <u>Edgefield</u>	(13) OCCUPATION <u>farm work</u>	(19) OCCUPATION <u>farm 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 alive at 7 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Anna Smith</u>	(25) Address of Phys. or Midwife <u>ninety-six</u>
(24) State whether Physician or Midwife <u>midwife</u>	

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .....

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 14, 1922 A. P. King  
 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.