

FORM NO. 7. 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.

(1) PLACE OF BIRTH
County of Richland
Township of

or
Inc. To of Registration District No. 38 Registered No. 1512
or
City of Columbia (No. Columbia Hospital 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. Roby Albert Lail If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 25 1922</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Roby Edward Lail</u>			(14) NAME BEFORE MARRIAGE <u>Lila Dominick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Wh</u>		
(12) BIRTHPLACE <u>SC</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>		
(13) OCCUPATION <u> Clerk</u>		(18) BIRTHPLACE <u>SC</u>		
(19) OCCUPATION <u>—</u>		(20) Number of children of this mother now living, including present birth <u>1</u>		
(21) Number of children born to mother, including present birth <u>1</u>		(22) 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 alive at 5:45 P M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. DaBose

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
MD Columbia SC

Given name added from a supplemental report

See appendix

112/44 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife)
[Signature]

(27) Filed 7-20-1922 (28) 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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