

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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of SpokaneTownship of Landsfordor
Inc. Town of

City of

(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

76269

Registration District No. 1103 Registered No. 144

(For use of Local Registrar)

(2) Full Name of Child Alton Judge

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 event of Twins or Triplets</small>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 22, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>May Judge</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>	
(10) COLOR OR RACE <u>Black</u>	(12) BIRTHPLACE <u>IL</u>
(13) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>5</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Lammie Cherry</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>	
(16) COLOR OR RACE <u>Black</u>	(18) BIRTHPLACE <u>IL</u>
(19) OCCUPATION <u>Farm Hand</u>	
(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Columbia

Given name added from a supplemental report

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Registrar(26) Witness May Judge
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/27 1914 (28) A. G. Westbrook
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.