

Form No. 1

(1) PLACE OF BIRTH

County of HarleyTownship of Little Riveror
Inc. Town ofor
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

7395

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

(No. St.; Ward)

(2) Full Name of Child Edmond Pink McCray If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Boy

4) Twin or Triplet?

5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 8 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Pink McCray

9) PRESENT POSTOFFICE OF FATHER

Wainwright, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

Eleventh

(14) NAME BEFORE MARRIAGE

Nancy McCray

(15) PRESENT POSTOFFICE OF MOTHER

Wainwright, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housework

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

Twelve

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lizzie Greene

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Wainwright, S.C.

(If name added from a supplemental report)

(26) Witness

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

(27) Filed

Jan 20 1923

(28)

L. B. McCorsley
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.