

(1) PLACE OF BIRTH

County of CharlestonTownship of Florenceor Town of Florenceor City of Florence(No. 1103 St. 11 Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1103

File No.—For State Registrar Only

27684

Registered No. 11
(For use of Local Registrar)(2) Full Name of Child Lillie Lee McCrory

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl(4) Twin or Triplet No(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 9 1922

(Name of Month) (Day) (Year)

FATHER.

1. FULL NAME Robert M. McCrory2. PRESENT POSTOFFICE OF FATHER Richburg10. COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 2212. BIRTHPLACE Charleston, S.C.13. OCCUPATION Teacher20. Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Kane(15) PRESENT POSTOFFICE OF MOTHER Richburg, S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 18(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) Mary A. Caldwell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Charleston, S.C.

(Given name added from a supplemental report)

(26) Witness Mary A. Caldwell

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

(27) Filed Sept 10 1922(28) Mary A. Caldwell 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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