

(1) PLACE OF BIRTH

County of Georgetown.....

Township of

OR

Inc. Town of

City of _____

(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 106 Registered No. 57

File No.—For State Registrar Only

72852

(For use of Local Registrar)

Shi (Ward)

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

(3) BOY OR GIRL? *Bo*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *No*

(7) DATE OF BIRTH May, 5, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) ~~COLO~~
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

(2r) Number of children of this mother
now living, including present birth

MOTHER.

(17) AGE AT LAST BIRTHDAY 23
(Years)

ld, who was *Born alive* *2* *o'clock P.* M.
(Born alive of *Stillborn*) (Hour A. M. or P. M.)

(23) (Signature) Neta Simmons

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

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Aug. 6, 1916 (28) *W. H. Kachner*
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.