

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

43774

Registration District No. 3305

Registered No. 159

(For use of Local Registrar)

## (2) Full Name of Child

Edward H. McCune

(If child not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Dec 18 1927

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Garry McCune

(14) NAME BEFORE MARRIAGE

Sally Sellers

(9) PRESENT POSTOFFICE OF FATHER

McCune St

(15) PRESENT POSTOFFICE OF MOTHER

McCune St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Conway S.C.

(18) BIRTHPLACE

Conway S.C.

(13) OCCUPATION

Mechanic

(19) OCCUPATION

Domestic

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

2

(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 alive or stillborn at 1 P.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician McCune St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 30 1927

(28)

J. H. Marshall Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.

McGOWAN OF COLUMBIA, COLUMBIA, S. C.