

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

34935

(1) PLACE OF BIRTH

County of *Row*Township of *Calhoun*

OR

Inc. Town of *Row*

OR

City of *Row*Registration District No. *2505*Registered No. *88*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Luther W. McCracken*

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 *1*(6) Are Parents Married? ☒(7) DATE OF BIRTH *Sept 10 1922*

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *L. T. McCracken*(9) PRESENT POSTOFFICE OF FATHER *Calhoun Ferry*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *42*

(Years)

(12) BIRTHPLACE *Row Co. S.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *5*

MOTHER

(14) NAME BEFORE MARRIAGE *Ma Belle Williams*(15) PRESENT POSTOFFICE OF MOTHER *Calhoun Ferry S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *35*

(Years)

(18) BIRTHPLACE *Row Co. S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* *15 30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ma Belle Williams*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Calhoun Ferry S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Oct 12 1922*

1922

(28) Local Registrar

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.

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.

Bureau of Columbia, COLUMBIA, S. C.