

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartan</u>		STATE OF SOUTH CAROLINA		87653	
Township of <u>Shiloh</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>4-107</u>		Registered No. <u>121</u>	
or				(For use of Local Registrar)	
City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Marry M. McRay</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 27</u> 191 <u>6</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>Cully Scott</u>			(14) NAME BEFORE MARRIAGE <u>Louis McRay</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Shiloh SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Shiloh SC</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Spartan CO</u>			(18) BIRTHPLACE <u>Spartan CO</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1</u> o'clock <u>A.M.</u> on the date above stated.					
(23) (Signature) <u>Alfred W. McRae</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Lynchburg SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>S. B. McRae</u>					
(27) Filed <u>12-4-1916</u> (28) <u>S. B. McRae</u> 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.