

(1) PLACE OF BIRTH

County of North
 Township of Longs
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 1509

File No. 14490

Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Willie Mc Cray
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Type of Twin No (5) Number of children born to mother 10 (6) DATE OF BIRTH July 3
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Wm McCray
 (8) PRESENT POSTOFFICE OF FATHER Longs SC
 (9) COLOR Black (10) AGE AT LAST BIRTHDAY 40
 (11) BIRTHPLACE Longs SC
 (12) OCCUPATION Laborer

MOTHER.
 (13) NAME BEFORE MARRIAGE Rosa Chaney
 (14) PRESENT POSTOFFICE OF MOTHER Longs SC
 (15) COLOR Black (16) AGE AT LAST BIRTHDAY 35
 (17) BIRTHPLACE Piney Mt
 (18) OCCUPATION Housewife

(19) Number of children born to mother, including present birth 10 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature) Annie Bellamy
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Longs SC

Given name added from a supplemental report

 19.....
 Registrar

(25) Witness Willie Mc Cray
 (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed July 8 1922 (27) Harriet Long 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.

K O D A K S A F E T Y