

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Carmichael
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29920

Registration District No. 1601Registered No. 77
(For use of Local Registrar)

City of (No. St. Ward)
 If birth occurs in a hospital or other institution, the name of same instead of street and number.)

(2) Full Name of Child Earnest L. McGinnis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 29 77
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fredericus B. McGinnis(9) PRESENT POSTOFFICE OF FATHER Hamer(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 93
(Years)(12) BIRTHPLACE S. Car.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie M. Donald(15) PRESENT POSTOFFICE OF MOTHER Hamer(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 72
(Years)(18) BIRTHPLACE W. Va.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marcella Betha(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hamer, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) Filed Oct 1 77

(28)

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.