

(1) PLACE OF BIRTH

County of Marlboro

Township of .....

Inc. Town of Bumettsville

City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 7-7A

No. For State Registrar Only

4575

Registered No. 77  
(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 Not Named

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

3. SEX OF CHILD girl  
4. Type of Infant Full Term  
5. Number in order of birth 1  
6. To be answered only in case of Twin or Triplets

7. AGE OF BIRTH 22 1923  
(Name, Month, Day, Year)

FATHER.

8. FULL NAME Jethrus Mc Coy  
9. RESIDENCE Bumettsville  
10. COLOR Black  
11. AGE AT LAST BIRTHDAY 21  
12. BIRTHPLACE Marlboro Co  
13. OCCUPATION Miller

MOTHER.

14. NAME BEFORE MARRIAGE Rubeen Bruce  
15. PRESENT RESIDENCE Bumettsville S.C  
16. COLOR OR RACE Black  
17. AGE AT LAST BIRTHDAY 20  
18. BIRTHPLACE Marlboro Co  
19. OCCUPATION House wife  
20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was White  
(Date of birth) 22 1923

(22) (Signature) Charles May  
(23) State whether Physician or Midwife Physician  
(24) Address of Physician or Midwife Bumettsville

Given name added from a supplemental report

(25) Witness John 1 23  
(Signature of Witness necessary only when question 23 is signed by mark)  
(26) Local Registrar John 1 23

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once it should be reported as stillborn. No report is desired of stillbirths before the 10th month of pregnancy.

If a child breathes even once it should be reported as born. No report is desired of stillbirths before the 10th month of pregnancy.