

WHEN 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

County of Larson  
 Township of Scandy Grove  
 or  
 Inc. Town of.....  
 or  
 City of Lake City

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18263

Registration District No. 1316 Registered No. 24  
 (For use of Local Registrar)

(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 Letitia Anne May McArthur If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? No 7. DATE OF BIRTH June 19 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME John McArthur  
 9. PRESENT POSTOFFICE OF FATHER Scandy Grove  
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 21  
 (Years)  
 12. BIRTHPLACE Ill.  
 13. OCCUPATION Farmer  
 20. Number of children born to mother, including present birth 1

## MOTHER.

14. NAME BEFORE MARRIAGE Miss McArthur  
 15. PRESENT POSTOFFICE OF MOTHER Scandy Grove S.C.  
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 22  
 (Years)  
 18. BIRTHPLACE Charleston S.C.  
 19. OCCUPATION House Keeping  
 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 Alive at 7:00 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed James V. McArthur (28) E. H. McArthur  
 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.