

Form No. 1

(1) PLACE OF BIRTH

County of Wm. burgTownship of Penn

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24261

Registration District No. 4308 Registered No. 90
(For use of Local Registrar)(2) Full Name of Child Esau McBride If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy 4) Twin or Triplet? Twins 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 12th 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jessie McBride9) PRESENT POSTOFFICE OF FATHER Eastern Depot S.C.10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 43
(Years)12) BIRTHPLACE Williamsburg Co. S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 12

MOTHER.

14) NAME BEFORE MARRIAGE Martha McClary15) PRESENT POSTOFFICE OF MOTHER Eastern Depot S.C.16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 37
(Years)18) BIRTHPLACE Williamsburg Co. S.C.19) OCCUPATION farm laborer21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M.,
on the date above stated. (Born alive or stillborn; (Hour A. M. or P. M.)(23) (Signature) Father

(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 July 29th 1922 (28) W. Moseley
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.