CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40729

(1) PLACE OF BIRTH

County of Anderson

Township of ....
or
Inc. Town of ....
or
City of ....

Registration District No. 34 Registered No. 489
(For use of Local Registrar)

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

(2) Full Name of Child Frances Jane McGee (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl
(4) Twin or Triplet? —
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Nov 24 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank McGee
(9) PRESENT POSTOFFICE OF FATHER Anderson S C
(10) COLOR OR RACE w
(11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Anderson Co.
(13) OCCUPATION merchant
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rena Kennedy
(15) PRESENT POSTOFFICE OF MOTHER Anderson S C
(16) COLOR OR RACE w
(17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE Anderson Co.
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J Reynolds M D
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
.....
....., 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ....., 19 .... (28) T. B. CRAYTON
Local Registrar.
ANDERSON, S. C.

*When there was no attending physician or midwife, then the father, householder, etc., must 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MACAW OF COLUMBIA, COLUMBIA, S. C.