

(1) PLACE OF BIRTH

County of YorkTownship of Proctorville

The Town of

City of

(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

No. 8878 - For State Registrar OnlyRegistration District No. 4407 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child C. McGill

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

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Twin Marked <u>yes</u>	(7) DATE <u>20</u> <u>25</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Ras McGill</u>	(14) NAME BEFORE MARRIAGE <u>Mertha Coates</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hickory Grove</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hickory Grove</u>
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>York</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>York</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of her mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 10 19 M.
on the date above stated. (Baby alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. B. H. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
H. GroveGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 22 is signed by male)(27) Filed 3/30 25 23 C. W. Wiley
Local RegistrarWhen 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.