

(1) PLACE OF BIRTH

County of Windsbury
 Township of Kempster
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32608

Registration District No. 4302 Registered No. 69
 (For use of Local Registrar)

City of (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 Jane McBlary 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 5, 1922
 (Name of child) (Day) (Year)

FATHER.

(8) FULL NAME James McBlary(9) PRESENT POSTOFFICE OF FATHER Kempster(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Windsbury(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Binky McGee(15) PRESENT POSTOFFICE OF MOTHER Kempster(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Windsbury(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mag. J. Oliver(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kempster

Given name added from a supplemental report

(26) Witness J. McBlary
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 6, 1922 (28) B. B. Jackson 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.