

(1) PLACE OF BIRTH

County of Laurens

Township of

or Inc. Town of

or City of Laurens

(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

15565

Registration District No. 29^aRegistered No. 63
(For use of Local Registrar)

Sl.; Ward)

(For use of Local Registrar)

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

Supplemental report as directed

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(2) Full Name of Child. Eddie Louise McBrary(3) BOY OR GIRL Girl(4) Twin or Triplet 2

(5) Number in order of birth

(6) Are Parent Married? Yes(7) DATE OF BIRTH May 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hugh McBrary

(9) PRESENT POSTOFFICE OF FATHER

Laurens SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Barber

(20) Number of children born to mother, including present birth

5

(14) NAME BEFORE MARRIAGE

Inez Riddle

(15) PRESENT POSTOFFICE OF MOTHER

Laurens SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

41
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Leardner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Laurens SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 17 1912(28) C. M. M. M. M. M.(29) C. M. M. M. M. M.(30) C. M. M. M. M. M.

Registrar

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.

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