

(1) PLACE OF BIRTH

County of Marion S. C.Township of Marion S. C.or
Inc. Town of Marion S. C.or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90853

Registration District No. 122 Registered No. 122

(For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles McIntyer { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 6 1914 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Augusta McIntyer(9) PRESENT POSTOFFICE OF FATHER Marion S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Flaurence S. C.(13) OCCUPATION labor work(16) Number of children born to mother, including present birth 2 children

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Wilson(15) PRESENT POSTOFFICE OF MOTHER Marion S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Flaurence S. C.(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth one child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife Mary Daniel

(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 12/10 1914 (28) Arthur R. Craig 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.