

Form No. 1

(1) PLACE OF BIRTH

County of

Marlboro

Township of

Brownsville

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

104

Registration District No. *337*

Registered No.

(For use of Local Registrar)

(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

Rosa May McRae

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

3) BOY OR GIRL

girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

yes

7) DATE OF BIRTH

Feb 10, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Walter McRae

9) PRESENT POSTOFFICE OF FATHER

Blue Haven

10) COLOR OR RACE

col

11) AGE AT LAST BIRTHDAY

26
(Years)

12) BIRTHPLACE

IL

13) OCCUPATION

Farmer

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

14

MOTHER.

14) NAME BEFORE MARRIAGE

Alice Bridges

15) PRESENT POSTOFFICE OF MOTHER

Blue Haven

16) COLOR OR RACE

col

17) AGE AT LAST BIRTHDAY

23
(Years)

18) BIRTHPLACE

IL

19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Alice* at *1 P.* M., on the date above stated. (Born alive or stillborn) Hour, M. or P. M.)

(23) (Signature)

Lucy Cook

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

No Doctor

(Given name added from a supplemental report)

(26) Witness

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

(27) Date *Feb 15, 1923*(28) *A. L.* 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.