

PLACE OF BIRTH

County of Anderson

Township of Horse Path

or  
In 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

12836

Registration District No. 307 Registered No. 72  
(For use of Local Registrar)

(No. of Ward)

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

2 Full Name of Child C. M. McMain If child is not yet named, make supplemental report as directed

3 SEX OR (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 3-20-22  
(Name of Month) (Day) (Year)

**FATHER.**

4 FULL NAME Charles McMain

5 PRESENT POSTOFFICE OF FATHER Horse Path S. C.

6 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

7 BIRTHPLACE Cherokee Co.

8 OCCUPATION Barber

9 Number of children born to mother, including present birth 10

**MOTHER.**

(14) NAME BEFORE MARRIAGE Braunton

(15) PRESENT POSTOFFICE OF MOTHER Horse Path S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Cherokee Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) J. M. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
MD. Horse Path S. C.

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 1, 1923 (28) Jessie Williams Local Registrar

Registrar

When there is 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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