

## (1) PLACE OF BIRTH

County of .....

Township of .....

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

18466

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

(No. .... St.; .... Ward)

(2) Full Name of Child James Lee Mcmaster {If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Y7. DATE OF BIRTH July 26  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME James Lee Mcmaster9. PRESENT POSTOFFICE OF FATHER Wrensboro10. COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Years)12. BIRTHPLACE Wrensboro13. OCCUPATION Farmer20. Number of children born to mother, including present birth 2

## MOTHER.

14. NAME BEFORE MARRIAGE Lucretia Soderberg15. PRESENT POSTOFFICE OF MOTHER Wrensboro16. COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30  
(Years)18. BIRTHPLACE Wrensboro19. OCCUPATION Farmer(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 Born alive or stillborn at 11 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) James Lee Mcmaster(24) State whether Physician or Midwife Physician or Midwife(25) Address of Physician or Midwife Wrensboro

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) 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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IN CASE OF TWINS OR TRIPLETS, MAKE SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN. NO 1. THE OTHER, NO 2, ETC. IN QUESTION 8.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.