

(1) PLACE OF BIRTH

County of Union Co.
 Township of Burgawville
 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

24177

Registration District No. 4201 Registered No. 21.....
 (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 McC Diff Osheeds Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 19 19 24
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME McC Diff Osheeds

(9) PRESENT POSTOFFICE OF FATHER Buffalo N.Y.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Union Co.

(13) OCCUPATION carver

(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Burgawille

(15) PRESENT POSTOFFICE OF MOTHER Buffalo N.Y. 2 S.S.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Jackson Co. N.C.

(19) OCCUPATION housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 M., on the date above stated. (Born alive or stillborn) (Hour-A. M. or P. M.)

(23) (Signature) A. C. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Glen Springs S.C.

Given name added from a supplemental report

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

(27) Filed 19 (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.

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.

N. R.—In case of TWINS OR TRIPLETS use a SEPARATE HEART FOR EACH CHILD.
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5

MCCRAY OF COLUMBIA, COLUMBIA, S. C.

MCC