

## (1) PLACE OF BIRTH

County of DillonTownship of Harleesseeor  
Inc. Town of.....

City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1602 Registered No. 73  
(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 Mary Lula McRae If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 20 (6) Are Parents Married Yes (7) DATE OF BIRTH June 29, 1922  
(Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME Lecher McRae(9) PRESENT POSTOFFICE OF FATHER Winturne Se.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25  
(Year)(12) BIRTHPLACE Se(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 20

## MOTHER.

(14) NAME BEFORE MARRIAGE Lara McRae(15) PRESENT POSTOFFICE OF MOTHER Winturne Se.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22  
(Year)(18) BIRTHPLACE Se(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 20

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:15 M.,  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) W. A. G.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winturne Se

Given name added from a supplemental report

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

(27) Filed June 29, 1922 (28) Local Registrar W. A. G.

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.