

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lexington, S.C.
Township of Lexington, S.C.
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

43520

Registered No. 106
(For use of Local Registrar)

Registration District No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of (No. St.; Ward)

(2) Full Name of Child Juanita Florica McC If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julian McCartha

(9) PRESENT POSTOFFICE OF FATHER Lexington, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION McCaris

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

MOTHER.

(14) NAME BEFORE MARRIAGE Emilie Criss

(15) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) P. A. Smith M.D. (25) Address of Physician or Midwife
(24) State whether Physician or Midwife Albany, Ga.

Given name added from a supplemental report

M. D. W.

3120412 19 22 Registrar

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

(37) Filed 19 (28) P. A. Shealy 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.