

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of Anderson
Township of
OF
Inc. Town
OF
City of Anderson (No. 39 Harris St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
5739

Registration District No. 34 Registered No. 87
(For use of Local Registrar)

(2) Full Name of Child William Mary McEntire If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>GIRL</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Feb 26, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Ben L McEntire</u>			14) NAME BEFORE MARRIAGE <u>Rubie Ward</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>	
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>36</u> (Year)	16) COLOR OR RACE <u>W</u>	17) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
12) BIRTHPLACE <u>Hall Co Ga</u>			18) BIRTHPLACE <u>Chesw Co Ala</u>	
13) OCCUPATION <u>Textile</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>6</u>			21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Was alive or stillborn) (How: Month or P. M.)

(23) (Signature) J. L. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed 10 (28) J. B. Grayton
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.

Form No. 6