

1) PLACE OF BIRTH

County of EdgewoodTownship of 7

OR

Inc. Town of

OR

City of

(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

Luther C. McCray

If child is not yet named, make supplemental report as directed

BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 15, 20</u> (Name of Month) (Day) (Year)
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FATHER.

FULL NAME

Julian L. McCray

PRESENT POSTOFFICE OF FATHER

Saluda R.F.D. #3

COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

BIRTHPLACE

Edgewood County

OCCUPATION

Farming

Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie E. Hall

(15) PRESENT POSTOFFICE OF MOTHER

Saluda R.F.D. #3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Edgewood County

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour) (P. M.)(23) (Signature) J. N. Miller M.D.

(24) State whether Physician or Midwife

(25) Address of Physn. or Midwife

Saluda S.C.

Give 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.

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