

1) PLACE OF BIRTH

County of EdgewoodTownship of 7or
Inc. Town of 7City of 7

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

Luther E. McCrary

File No.—For State Registrar Only

30028

Registration District No. 39.8.3 Registered No.
(For use of Local Registrar)BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married(7) DATE OF
BIRTHSept 15 1922
(Name of Month) (Day) (Year)

FATHER.

FULL
NAMEJulian L. McCraryPRESENT
POSTOFFICE
OF FATHERSaluda R.F.D. #3COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Edgewood County

OCCUPATION

FarmingNumber of children born to
mother, including present birth5

MOTHER.

(14) NAME BEFORE
MARRIAGEMaggie E. Hall(15) PRESENT
POSTOFFICE
OF MOTHERSaluda R.F.D. #3(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY29
(Years)

(18) BIRTHPLACE

Edgewood County

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth5

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. (Born alive or stillborn) (Hour of day) (P. M.)(23) (Signature) J. N. Martin

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Saluda S.C.Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed

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(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.