

(1) PLACE OF BIRTH

County of LancasterTownship of Gills Creekor
Inc. Town ofor
City of

(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

43186

Registration District No. 2804 Registered No. 223

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR

GIRL

Boy

(4) Twin

or Triplet?

To be answered only in event of Twins or Triplets

Y

(5) Number in

order of birth

Y

(6) Are

Parents

Married?

Yes

(7) DATE OF

BIRTH

Nov 14 1928

(Name of Month) (Day) (Year)

(8) FULL

NAME

Smilie McGee

(9) PRESENT

POSTOFFICE

OF FATHER

Lancaster S.C. C. Mills

(10) COLOR

OR

RACE

white

(11) AGE AT LAST

BIRTHDAY

(Years)

23

(12) BIRTHPLACE

Williamsburg or ss

(13) OCCUPATION

mil

(20) Number of children born to

mother, including present birth

4

(14) NAME BEFORE

MARRIAGE

Armeda Evans

(15) PRESENT

POSTOFFICE

OF MOTHER

Lancaster ss

(16) COLOR

OR

RACE

white

(17) AGE AT LAST

BIRTHDAY

(Years)

23

(18) BIRTHPLACE

Charleston or ss

(19) OCCUPATION

domestic

(21) Number of children of this mother

now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lancaster ss

Given name added from a supplement

tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 2.141928(28) J. J. Harrison

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.*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.