

(1) PLACE OF BIRTH

County of YorkTownship of Bullock CreekInc. Town of
or

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

50789

Registration District No. 4409Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Elvira McCune

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

(3) BOY OR
GIRL? Girl(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE OF BIRTH Feb. 24 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben McCune(9) PRESENT POSTOFFICE OF FATHER Hickory Grove, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annanda Robbins(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. one attended

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

1916

Registrar

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

(27) Filed Feb 25 1916 (28) J. E. McCalister
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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