

(1) PLACE OF BIRTH

County of Dillon
 Township of Hareesville
 or
 Inc. Town of

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

No. for State Registrar Only
17409

Registration District No. 1602 Registered No. 22
 (For use of Local Registrar)

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 23 25
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie McCay

(9) PRESENT POSTOFFICE OF FATHER Little Rock S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21
 (Year)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Garrison

(15) PRESENT POSTOFFICE OF MOTHER Little Rock S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17
 (Year)

(18) BIRTHPLACE Sc

(19) OCCUPATION Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mozella McNeil

(24) State Midwife

(25) Address of Physician or Midwife Little Rock S.C.

Given name added from a supplemental report

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

(27) Filed Jan 30 29 (28) S. J. Ward 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.