

Form No. 1

## (1) PLACE OF BIRTH

County of WilmingtonTownship of Peruor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Henry McDonald If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 28, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Frank McDonald9) PRESENT POSTOFFICE OF FATHER Lanes, IL10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 28 (Years)12) BIRTHPLACE Illinois13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Irene Crandall15) PRESENT POSTOFFICE OF MOTHER Lanes, IL16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 2 (Years)18) BIRTHPLACE Illinois19) OCCUPATION Farmer21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. McDonald

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lanes, IL

Given name added from a supplemental report

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

(27) Filed June 30, 1922 (28) J. H. McDonald 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20467

Registration District No. 4365 Registered No. 25  
(For use of Local Registrar)

(No. .... St.; .... Ward)