

Form No. 1

## (1) PLACE OF BIRTH

County of DillonTownship of Manning

Inc. Town of .....

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

42110

Registered No. 85  
(For use of Local Registrar)(2) Full Name of Child John Mc Ghee

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Clifton McGhee

(9) PRESENT POSTOFFICE OF FATHER Dillon R-1

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Cho Lg

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Savannah McCall

(15) PRESENT POSTOFFICE OF MOTHER Dillon R-1

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housework

(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 Born alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Syde

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Dillon R-1

Given name added from a supplemental report

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

(27) Filed Dec 28, 1922 (28) B. Williams 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the McGRAW OF COLUMBIA, COLUMBIA, S. C.