

(1) PLACE OF BIRTH

County of UnionTownship of Union

or

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 Robert G. McNease

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5418

Registration District No. 4207 Registered No. 13

(For use of Local Registrar)

(No. St. Ward)

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

(a) BOY OR GIRL? boy(b) Twin or Triplet? ✓(c) Number in order of birth 2(d) Are Parents Married? Yes(e) DATE OF BIRTH Nov 16 33

(Name of Month) (Day) (Year)

FATHER

(f) FULL NAME W. C. McNease(g) PRESENT POSTOFFICE OF FATHER Union S.C.(h) COLOR OR RACE White(i) AGE AT LAST BIRTHDAY 26

(Years)

(j) BIRTHPLACE Union County(k) OCCUPATION Farmer(l) Number of children born to mother, including present birth 2

MOTHER

(m) NAME BEFORE MARRIAGE Bernice Green(n) PRESENT POSTOFFICE OF MOTHER Union S.C.(o) COLOR OR RACE White(p) AGE AT LAST BIRTHDAY 25

(Years)

(q) BIRTHPLACE Union County(r) OCCUPATION Housewife(s) 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 at Union S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. P. Madala(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union 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 3-10-23(28) J. P. Madala Local Registrar

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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