

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of N.W. Chasor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300 H

File No.—For State Registrar Only

447

Registered No. 10
(For use of Local Registrar)

Ward

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

(2) Full Name of Child Loray M. McDonald

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

(3) BOY OR GIRL boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 18 1913

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie M. McDonald(9) PRESENT POSTOFFICE OF FATHER Elliotth S C(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE Lee Co(13) OCCUPATION farm hand(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Huvant(15) PRESENT POSTOFFICE OF MOTHER Elliotth S C(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE Lee Co(19) OCCUPATION House Keeping(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 3:00 M., on the date above stated. (Born live or stillborn) (Hour M. or P. M.)(23) (Signature) Aryane M. Michael(24) State whether Physician or Midwife Midwife(25) Address of Parent or Midwife Elliotth 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 Feb 18 1913(28) Newton Amerson

(29) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH INK, INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN NO. 1, THE OTHER NO. 2, ETC., IN QUESTION 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.