

Form No. 1

(1) PLACE OF BIRTH

County of Lacile McBrideTownship of #or
Inc. Town of Andrews SCor
City of (No.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3926

Registration District No 210Registered No. 23
(For use of Local Registrar)

M.; Ward)

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

(2) Full Name of Child Lacile McBride

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

1 SEX OR GIRL? Female

4 Twin or Triplet

5 Number in order of birth

6 Are Parents Married? no7 DATE OF BIRTH Feb 20 1923
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME George Green9 PRESENT POSTOFFICE OF FATHER Andrews SC10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)12 BIRTHPLACE Mountain Co. SC13 OCCUPATION Farmer

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MOTHER.

(14) NAME BEFORE MARRIAGE Lacile McBride(15) PRESENT POSTOFFICE OF MOTHER Andrews SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE Mountain Co. SC(19) OCCUPATION Cook

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Sallie Holley(24) State whether Physician or Midwife Midwife

(25) Given name added from a supplemental report

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

(27) Filed Feb 20 1923 (28) W. H. S. 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.