

(1) PLACE OF BIRTH

County of Lin
Township of Lynchburg
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43366

Registration District No. 3002 Registered No.
(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.)

(2) Full Name of Child William C. McRae 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>July 16, 1922</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME J. W. J. McRae

(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46
(Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Praser

(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 45
(Years)

(18) BIRTHPLACE Clarendon Co. S.C.

(19) OCCUPATION Farmer work

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. McRae
(24) State whether Physician or Midwife Father of child (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/26 1923 (28) J. H. McRae 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.