

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Hampton</u>		STATE OF SOUTH CAROLINA		4186	
Township of <u>Shelby</u>		Bureau of Vital Statistics			
Inc. Town of <u>Englewood</u>		State Board of Health			
City of <u>Englewood</u>		Registration District No. <u>2408</u>		Registered No. <u>11</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Lorne McCre</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 3, 23</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Joseph McCre</u>			(14) NAME BEFORE MARRIAGE <u>Infie Conrad</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Englewood</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Englewood</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Public Work</u>			(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>S.P.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rosa & Thomas</u>					
(24) State, whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Englewood</u>					
Given name added from a supplemental report			(26) Witness <u>J. H. McCre</u> (Signature of Witness necessary only when question 22 is signed by mark)		
			(27) Filed <u>July 10, 23</u> (28) Local Registrar <u>J. H. McCre</u>		
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 sixth month of pregnancy.					

Revised by Statistician, Columbia, S. C.