

(1) PLACE OF BIRTH

County of Greenville S.C.Township of Clintonor
Inc. Town ofor
City of(2) Full Name of Child Orlyn McDonald(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Married (7) DATE OF BIRTH Dec 14 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Angus Leroy McDonald</u>	(14) NAME BEFORE MARRIAGE <u>Chas Hughes</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Manee Ill.</u>	(18) BIRTHPLACE <u>Greenville S.C.</u>	(13) OCCUPATION <u>Prayman</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. L. Howard
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Simpsonville SC

Given name added from a supplemental report

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

(27) Filed Jan 12 1923 (28) P. L. Richardson 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.