

(1) PLACE OF BIRTH

County of Hampton
Township of Peeples
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

90284

Registration District No. 2407 Registered No. 270
(For use of Local Registrar)

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

(2) Full Name of Child Jimmie McBridge Jr {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie McBridge
(9) PRESENT POSTOFFICE OF FATHER Hampton
(10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 24
(Years)
(12) BIRTHPLACE Hampton Co (G)
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Washington
(15) PRESENT POSTOFFICE OF MOTHER Hampton
(16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 22
(Years)
(18) BIRTHPLACE Hampton Co
(19) OCCUPATION House + field work
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Whitlock midwife
(24) State whether Physician or Midwife (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 Dec 15 19 16 (28) J. W. Rogers
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.