

(1) PLACE OF BIRTH

County of Jefferson

Township of Jefferson

Sec. Town of

City of

CERTIFICATE OF BIRTH

State of South Carolina

Department of Vital Statistics

State Board of Health

Registration District No. 43A1

5444

Registration No. 21

For use of Local Registrar

(2) Full Name of Child Len. Anne McBride

If child is not yet named, enter appropriate remark in space

(3) SEX Female (4) AGE 46 (5) DATE OF BIRTH Feb. 26, 1923

FATHER:
(6) NAME Alfred McBride
(7) RESIDENCE Marshall St.
(8) COLOR White (9) RELIGION 3A
(10) OCCUPATION Farmer
(11) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE 7

MOTHER:
(12) NAME Elizabeth Chatman
(13) RESIDENCE Marshall St.
(14) COLOR White (15) RELIGION 3A
(16) OCCUPATION Housewife
(17) NUMBER OF CHILDREN OF THIS MOTHER BORN ALIVE, INCLUDING PRESENT ONE 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) (How A. M. or P. M.)
on the date above stated.

(19) (Signature) Johnnie Scott
(20) State whether Physician or Midwife Midwife (21) Address of Physician or Midwife Marshall St.

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 18 is signed by mark)
(23) Date Feb. 26, 1923 (24) J. A. Blount

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn until it has been ascertained before the birth.