

7/20/45-722271-1 P.P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

U. S. Dept. of Commerce  
Bureau of the Census

# Standard Certificate of Birth

FILE No.—For State Registrar Only

16 093612

0080

## 1. PLACE OF BIRTH

County of Greenville  
Township of Lee  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

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

Registration District No. 2009 Registered No. 10  
(For use of Local Registrar)

## 2. FULL NAME OF CHILD

3. Sex or Girl Male If Plural births { 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth Dec 20 1946  
(Month, day, year)

9. Full name John McCants 10. Residence (mailing address) Scranton SC  
(If non-resident, give place and State) 11. Color or race W 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Greenville SC (State or country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Name before marriage Mother 19. Residence (mailing address) Scranton SC  
(If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 44 (years)

22. Birthplace (city or place) Greenville SC (State or country) 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 9:30 A m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ m. on the above date. (Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. H. Pate, M. D.

Given name added from a supplementary report \_\_\_\_\_ (Date of)

or \_\_\_\_\_ Midwife

Address Scranton, S. C.

Filed Jan 1, 1945 Grannie Allen Local Registrar.

State Registrar.