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FILE No.—For State Registrar Only

0030

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

## Standard Certificate of Birth

## 1. PLACE OF BIRTH

County of FlorenceTownship of Leeor  
Inc. Town of \_\_\_\_\_

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)

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

## 2. FULL NAME OF CHILD

Minnie Belle McCants

If child is not yet named, make supplemental report as directed.

3. Sex or Girl <u>Female</u>	If Plural births {	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Full term <u>Yes</u> Married <u>Yes</u>	8. Date of birth <u>Dec 20</u> 19 <u>16</u> (Month, day, year)
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9. Full name John McCants FATHER18. Name before marriage Molla Pearcy MOTHER10. Residence (mailing address)  
(If non-resident, give place and State) Scranton SC19. Residence (mailing address)  
(If non-resident, give place and State) Scranton SC11. Color or race W12. Age at last birthday 37 (years)20. Color or race W21. Age at last birthday 44 (years)13. Birthplace (city or place)  
(State or country) Florence SC22. Birthplace (city or place)  
(State or country) Florence SC14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Farming23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Domestic15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. \_\_\_\_\_24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. \_\_\_\_\_16. Date (month and year) last  
engaged in this work \_\_\_\_\_17. Total time (years)  
spent in this work \_\_\_\_\_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, } months }  
period of gestation } weeks } 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

## 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 Minnie Allman  
Local Registrar.

State Registrar.

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.7/20/45 Test 271  
F.P.