

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45369**

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Fretwells Farm  
 OR  
 Inc. Town of.....  
 OR  
 City of ..... (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 Ruby Amy McGee { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 30, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME George McGee  
 (9) PRESENT POSTOFFICE OF FATHER Anderson R 7 W.  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE Anderson Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Hattie Martin  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson R 7 W.  
 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE And. Co.  
 (19) OCCUPATION domestic  
 (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 Born alive at 5 P. M.  
 (Born alive or stillborn) (Hour, M. or P. M.)  
 on the date above stated.

(23) (Signature) C. H. Young M.D.  
 (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 ..... 19 ..... (28) F. P. Crayton 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.