

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.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Greenwood
 Township of Greenwood
 or
 Inc. Town of —
 or
 City of —

Standard Certificate of Birth

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

23 046607

July

Registration District No. 2306 Registered No. 96
 (For use of Local Registrar)

2. FULL NAME OF CHILD Joe Robert McTerin

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

3. Boy or Girl Boy If Plural births — 4. Twin, triplet or other — 5. Number, in order of birth 2 6. Premature no Full term yes 7. Are Parents Married? yes 8. Date of birth May 29, 1923
 (Month, day, year)

9. Full name FATHER
Joe Brace McTerin
 10. Residence (mailing address) Rt 3 Greenwood S.C.
 (If non-resident, give place and State)

18. Name before marriage MOTHER
Essie Lagoon
 19. Residence (mailing address) Rt 3 Greenwood S.C.
 (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 27 (Years)
 13. Birthplace (city or place) Greenwood S.C.
 (State or country) R.F.D. #3

20. Color or race white 21. Age at last birthday 23 (Years)
 22. Birthplace (city or place) Kirksey
 (State or country)

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 —, 19—
 17. Total time (years) spent in this work 44

OCCUPATION
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
 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 —, 19—
 26. Total time (years) spent in this work 45

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation — months — weeks 29. Cause of stillbirth — (Before labor) — (During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:00 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 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.)

Given name added from — a supplementary report — (Date of)

(Signed) J. O. Ferrissey, M.D.

or — Midwife.

Address Greenwood, S.C.

Filed Sept. 10, 1942 Julia Lee Registrar.

Registrar.