

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

70454

(1) PLACE OF BIRTH
County of Spartanburg
Township of Palmetto
or
Inc. Town of Registration District No. 4006 Registered No. 104
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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Russell McBeard
(9) PRESENT POSTOFFICE OF FATHER Palmetto, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE Palmetto, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Nancey
(15) PRESENT POSTOFFICE OF MOTHER Palmetto, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)
(18) BIRTHPLACE Palmetto, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. M. Stowe
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

July 12, 1916
M. W. Brown
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 2, 1916 (28) M. W. Brown
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.

FORM NO. 3
MARRIAGE
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
McCURR of Columbia