

## (1) PLACE OF BIRTH

County of partantbury  
 Township of tennaker  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2493

Registration District No. 1400-13Registered No. 3  
(For use of Local Registrar)

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 Norman McInure

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 13 1922  
 (Place of Month) (Day) (Year)

## FATHER.

(8) FULL NAME thos McInure  
 (9) PRESENT POSTOFFICE OF FATHER tennaker S.C.  
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE annie McKenney  
 (15) PRESENT POSTOFFICE OF MOTHER tennaker S.C.  
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (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 at tennaker S.C. on the date above stated. (Signature of Physician or Midwife) William P. Burt  
 (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

when question 23 is signed by mark

(27) Filed Feb

(28)

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.

MAILED REVERVED FOR MAILING.  
 WHITE MAINLY, WITH UNPAID INC.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of stillbirth, No. 1, third OTHER, No. 2, etc., in question 4.  
 REGISTER OF COLUMBIA, COLUMBIA, S. C.