

WHILE FILLING IN THIS FORM, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Greenville
Township of Highland
or
Inc. Town of Tigerville
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—Fo. State Registrar Only
85862

Registration District No. 2211 Registered No. 11
(For use of Local Registrar)
St.; _____ Ward _____

(2) Full Name of Child Helen Mc Crary } If child is not yet named, make supplemental report as directed

(3) ~~SEX~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH November 6th 1911
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joam Mc Crary
(9) PRESENT POSTOFFICE OF FATHER Tigerville S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 60 (Years)
(12) BIRTHPLACE Laurens Co -
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1st

MOTHER.
(14) NAME BEFORE MARRIAGE Thelma Bivins
(15) PRESENT POSTOFFICE OF MOTHER Tigerville S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Tigerville (Greenville Co)
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 8:05 P.M. on the date above stated.
(Born alive or stillborn) (Hour—A. M. or P. M.)

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

Phys. Tigerville

Given name added from a supplemental report

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

(27) Filed 11-12 1911 (28) J. E. Poe 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.

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